

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

COUNTERPART
C&D WHITEHALL LABORATORIES PHARMACIST BRIEFING

19 August 1995

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Legal Category: GSL

*Trademark

Teamwork wins grant for Barking

Script interventions
take ten hours a month

Private NHS script
case turns legal

Staying
healthy:
alternative
views



Power of positive
thinking in pharmacy

New mobility aids
catalogue from AAH

Update: drugs and the
elderly population II



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1. Nielsen Retail Audit. Year to April 1995. 2. Data on file Stafford-Miller Ltd. 1995.

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Even the Labour Government which introduced the NHS in 1948 felt compelled to add a clause to the NHS Amendment Act 1949 enabling patient charges to be imposed "... to bring home to people generally the simple fact that the service has to be paid for ...". However, it was not until the Conservatives came to power that the prescription charge was introduced in 1952. It has been a feature of the pharmaceutical service ever since. By 1968, around 50 per cent of scripts dispensed were exempt from payment. A quarter of a century later, the figure was 83 per cent.

Despite the fact that it is irrelevant to most patients, and the money it raises is limited, the 'script tax' remains a political hot potato. The public likes to know it is getting value for money, and for this reason, if none other, the activities of Allan Sharpe have made him a media celebrity. The situation has arisen because the Government has relentlessly pushed up the script charge to a level where even fair-minded people question the sum they are being asked to pay.

The Royal Pharmaceutical Society and PSNC are both calling for an overhaul of the system. But Roger Odd, head of the Society's practice division, seemed to endorse Mr Sharpe's approach when he said recently on the BBC's 'Nine O'Clock News' that pharmacists do not want to charge patients more than they have to, and that one solution may be to encourage doctors to write more private prescriptions. Is this the right answer? It might be good for customer relations, but it is another step towards private healthcare.

Pharmacists need to charge a reasonable fee for any private dispensing. PSNC has repeatedly warned them not to undervalue their services. Is £2 a realistic fee (see p233)? At least it is not below the NHS script fee ... yet.

CHEMIST & DRUGGIST

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Chemist & Druggist incorporating Retail Chemist & Pharmacy Update

Published Saturdays by
Miller Freeman Professional Ltd
Sovereign Way, Tonbridge, Kent TN9 1RW
Telephone 01732 364422
Telex 95132 MILFRE G
Fax 01732 361534

Subscriptions: Home £108 per annum
Overseas & Eire £155 per annum
including postage
£2.25 per copy (postage extra)

Circulation and subscription: Royal
Sovereign House, Bessford Street,
London SE18 6BQ. Tel: 0181 855 7777

Refunds on cancelled subscriptions will
only be provided at the publisher's
discretion, unless specifically
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The editorial photos used are courtesy
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Miller Freeman
A United News & Media publication



CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 244 No 5997 136th YEAR OF PUBLICATION ISSN 0009-3033

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Intervention takes ten hours a month

Community pharmacists dispensing 5,000 items a month are spending on average ten hours dealing with prescription interventions. These can total 250 a month, a new report says.

The study of 2,106 interventions, carried out by 17 Sheffield pharmacists over a two-week period, revealed that almost 4 per cent of interventions were classified as potentially serious to the patient's health. Drug interactions and ADRs were the most common reason for intervention. Minor nuisances – where the pharmacist makes a professional decision, without consultation – accounted for 60 per cent.

Pharmacists' rates of intervention varied between 1.1 per cent and 19.2 per cent, almost half the interventions being initiated by the pharmacist, 18 per cent by other staff and 29 per cent by the PMR system. Lack of age and GP signature were the commonest reasons for intervention.

The prescriber was contacted in connection with 20 per cent of interventions; 23 per cent required a telephone call or personal visit to resolve.

Calling the amount of unpaid time needed for intervention "significant", Sheffield pharmacist Nick Mason, who co-ordinated the study, says its aim was to produce an aggregate and accurate picture of all forms of 'intervention' being made in the practice setting. The study concludes that "a considerable proportion of interventions ... go unrecognised by general practitioners".

Primary care gets nod from Dorrell

Health secretary Stephen Dorrell has written to all NHS trusts and health authorities, urging them to listen to local people to improve the quality of their services and to "seek the best value for the taxpayers' pound".

"I look to health authorities to ensure that decisions are not presented – gift-wrapped – to local people," he said, adding that authorities should find ways of reflecting both professional and lay opinions in their decisions.

"The creation of the new health authorities next April gives us a golden opportunity to improve the public accountability of the health service," he said.

A key step was to develop a broader range of services through primary care, he added.

Barking & Havering uses its grey cells

Barking & Havering Family Health Services Authority has granted \$57,000 to the local pharmaceutical committee to fund 'brainstorming cells'.

The initiative, which is funded until March, aims to provide a more co-ordinated and patient-led approach to achieving funding from service planners and purchasers.

By creating 'cells' – teams of up to nine contractors – based on remoteness from each other and

headed by LPC members, the contractors may be able to more effectively communicate their patient-led needs, to more easily influence events, rate and direction of change, and be rewarded on a team, rather than individual, basis – thus increasing motivation and empowerment. Problems of decentralised communication may also be avoided.

The aim of the scheme is to produce feasible initiatives based around suggested prac-

tice-related areas, such as carer training or treatment in homes.

To date, 40 contractors – around 50 per cent of those in the area – have expressed willingness to attend meetings and a programme organiser has been appointed. Barking & Havering LPC chairman, Hemant Patel, hopes that by April each group will have come up with one feasible idea. "If there are two, then we will have achieved something," he says.

GPs accused of supplying prescribing patients

Dispensing doctors in Wiltshire are at the centre of a row, following an inquiry which has traced remuneration claims from items dispensed to patients living within a mile of a pharmacy.

The local family health services authority is looking into dispensing practices at the Avon Valley Practice and Cross Plain Surgery, both of Durrington, following a claim by Sultan Dajani, pharmacist at the nearby Edwards Pharmacy, that the doctors are dispensing for patients within the one-mile radius.

A home visit last year to such a patient revealed "by chance", says Mr Dajani, a medicine bearing a label from the Avon Valley Practice. Over a three-week

period, Mr Dajani collected ten such labels.

A subsequent trace of remuneration claims for the labels has, so far, linked four labels to the surgeries and one to Boots in Salisbury, the branch facing a Royal Pharmaceutical Society Statutory Committee inquiry into its collection and delivery service operated with the two dispensing doctor practices. This bypasses Edwards Pharmacy.

The FHSA is still to complete its search of the remaining labels, but confirms the interim findings. Mr Dajani is optimistic that it will find in his favour, paving the way for a cut in doctors' remuneration, a reprimand and possible disciplinary action.

Counterpart: 'Aches and Pains'

This week's issue of *C&D* contains the Pharmacist's Briefing for the second module of the Cambridge Counterpart Pharmacy Assistant Training Programme (see p247).

Extra copies of this month's module (and last month's, on 'Summer Health') are available from the Whitehall Laboratories' sales force or by telephoning Tracy Matthews or Charlotte Batchelor on 0181 747 8797.

Next month will see publication of two modules: 'Footcare and Oral Hygiene' will be carried in the September 23 issue, and 'Retail Skills' in September 30.

Pharmacists wanting to register assistants for telephone marking should use the form in last week's issue, enclosing a cheque (made payable to *Chemist & Druggist*) for £12.50 (plus £2.19 VAT) per assistant.

New computer to ease counter sales

A medicines counter computer offering OTC medication records, diagnostic algorithms and help in counter prescribing is nearing the end of its development and should be on the market by the end of September.

The Counter Care Pharmacy System is being developed by a small independent firm called VTH Information Systems, based in Fareham, Hampshire.

With hardware supplied by Acorn, the price for a basic system could be as low as £750. Options, such as a printer and a larger or second monitor, could bump the price up to £1,200.

The impetus to develop the software came from the bad press pharmacies have received in the past year from the various surveys on medicine sales carried out by *Which?* and the BBC's 'Watchdog' television programme, according to VTH's Stephen Tudway.

"The system has been designed by counter assistants and pharmacists," he says. A demonstration to the National Pharmaceutical Association's Board is planned for September.

For each new patient who comes into the pharmacy details, such as disease states, age and

pregnancy, have to be entered in. These factors are then taken into account when selecting a medicine, forming the basis for a sales protocol.

For pharmacies where space is limited Counter Care can come with an electronic till. VTH says it will provide monthly updates of products and prices. The product file is alphabetical rather than by code. There are no plans to link to any computerised ordering system.

VTH Information Systems can be contacted at 7 Heath Lawns, Fareham, Hampshire PO15 5QB (tel: 01329 289416).

Endorsement report slammed

Manufacturers have dismissed the Prescription Pricing Authority's report into community pharmacy systems and prescription endorsement as "not much help", despite recommendations for more simplified systems.

Anna Butler, sales director at Hadley Hutt, says that the company does not propose to make any changes to its product portfolio as "most of the [PPA's] information is common sense and that, provided users follow the instructions, there is really nothing to do."

In its report, the PPA notes the generally appalling standard of endorsing and the growing number of unsatisfactory prescriptions. "These have a cost impact," says Peter Smith, director of pharmaceutical advisory services at the PPA.

Acknowledging the high degree of operator error, the PPA outlines current mechanical and technical endorsement problems and details how to correctly pre-

sent, endorse and submit professional fee remuneration details.

Noting also the need for a rethink and simplification of suppliers' systems, Mr Smith outlines improvements, such as systems which may offer prompts, but which should ensure that the pharmacist accepts responsibility for endorsing. "Ideally this should be in a form which necessitates positive [operator] action rather than allowing automatic endorsements."

Ms Butler says that the recommendations for a standardised system are a bit late in the day, but that the company would be open for discussion.

Mr Smith comments that the report is not directly linked to Government moves to electronic prescribing, but that its implementation would facilitate the advent of such links. The PPA will also be turning its attention to GP computers and the "garbage that is churned out by doctors' systems".

PSNC confers on working with new HAs

The Pharmaceutical Services Negotiating Committee has joined forces with the Royal Pharmaceutical Society to host a conference on 'How pharmacists will work with the new health authorities'.

The conference will be held at the Metropole Hotel, Birmingham NEC, on November 23 and is aimed at local pharmaceutical committee members, pharmaceutical advisers and family health services authorities pharmacist members. Speakers, such as NHSE director of planning Alasdair Liddel, Buckinghamshire Health Authority chief executive Jackie Haynes and DoH chief pharmacist Bryan Hartley, have been invited to give talks on purchasing pharmaceutical care and determining patients' needs.

● A recent Community Health Council National Conference debate on doctor dispensing has been referred to committee for consideration.

PSNI registration

Applications for registration under the reciprocal agreement between Great Britain and Northern Ireland have been granted to Iolo ab Ithel Davies, Ballygowan, and Katherine Logan, Ballyclare. Applications under the EU Free Movement Directive have been granted to Thomas Carley, Co Donegal, and Laura Addley, Lisburn.

Midland mergers

Next year's merger between North and South Birmingham Health Authorities and Birmingham Family Health Services Authority will see the natural wastage of 100 jobs, although full-time pharmaceutical advice will be maintained. The level of advice on offer and the location of the new Health Authority, which opens in April, are still to be confirmed.

NI costs

During May, Northern Irish chemists and appliance suppliers dispensed 1,686,539 items on 1,008,536 forms generating net ingredient costs of £14,003,793 and gross costs of £16,645,047.

Scottish stats

Scottish chemists and appliance suppliers dispensed 4,415,970 prescriptions during May, generating gross costs of £41,123,783 and net ingredient costs of £34,615,464.

Misuse of drugs

Regulations coming into effect on September 1 remove propylhexedrine from Part III of Schedule 2 to the Misuse of Drugs Act 1971 (which specifies Class C drugs subject to control). The changes are made under the Misuse of Drugs Act 1971 (Modification) Order. Dronabinol and its stereoisomers are transferred from Schedule 1 to schedule 2 of the Misuse of Drugs Regulations 1985 from September 1 (SI 1995/2048, HMSO £0.65).

Essex builds mobile DUMP

Essex Local Pharmaceutical Committee and the local family health services authority are taking in five new locations in their 1995 mobile DUMP campaign. There are reception points in 12 locations. This year, the unit will also visit Epping, Brentwood, Witham, Saffron Walden and Dunmow during the 20-day tour of the county, starting in Southend on September 8 and finishing in Dunmow on September 28.

Second Welsh pharmacist in script row

A pharmacist based in Wales is photocopying FP10 forms and then dispensing them as private prescriptions.

Mike Tucker of Pritchard Pharmacy in Prestatyn offers patients a private prescription if the drug prescribed by a local fundholding practice costs less than £2. He then returns the photocopy to the Pendyffryn Medical Group for the doctors to sign.

After adding a \$2 dispensing fee, the average prescription costs \$3.60 (compared with the NHS charge of \$5.25). He told

C&D that his local Royal Pharmaceutical Society inspector said he was not breaking the law.

"I make sure that the patient is given the chance to request the private prescription or the NHS one for \$5.25," he says. He has only dispensed between 30-40 prescriptions this way since May, from one surgery.

Gwent pharmacist Allan Sharpe, who recently appeared before an FHSA service committee hearing after dispensing NHS prescriptions privately (C&D August 12, p205), thinks it a "non-

sense" that Mr Tucker has to photocopy the FP10s. He claims that his own system does not breach the Terms of Service.

● Nearly a quarter of people questioned in a recent Gallup survey said that high prescription charges put them off going to the doctor. Nearly half said they would be prepared to ask the pharmacist if there was a cheaper OTC alternative. The survey was conducted for Key Note Market Information (UK Pharmaceutical Industry, price \$375. Tel: 0181 783 0755).



Crookes Healthcare comes in for some stick ... see Letters p244

Persona non grata for Crookes' GSL ibuprofen

I have just read with disbelief the recent letter from Crookes Healthcare explaining its decision to apply for a GSL licence for a 12-pack of Nurofen. On the one hand, the company reiterates its fundamental support for pharmacy while, on the other, it accedes without a whimper to the commercial behest of its shareholders.

If the letter from Crookes had simply apologised for this commercial inevitability, and then placed the blame firmly where it belongs – with the Medicines Control Agency – I would have had a certain sympathy, but Crookes wants to have its cake and eat it! In the company's own words, it accepts that the 12-pack is essentially a trial size, appealing to new users of ibuprofen, and then thanks me for my critical role in achieving such a high safety profile for its use. How, pray, does it think that profile was achieved? By selling trial packs of 12 tablets without question to anyone who requests them?

No, it would have done no harm to Crookes' image in the independent sector to stand firm against this preliminary variation of licence and support the justified objections of all pharmacists to this dangerous and potentially explosive abuse of non-accountable power by the MCA. As it is, Crookes is now *persona non grata* in my pharmacy, as are all other manufacturers which demonstrate support by knifing me in the back.

A bad taste in the mouth ...

It is a sad day for the profession when a rural pharmacy is forced to sell out to dispensing doctors. This reality has, however, occurred in Winterton, Humberside, where the viability of the Hills'

Topical Reflections



pharmacy was allegedly undermined by the operation of the dispensing doctors' collection and delivery service in co-operation with Boots (C&D August 12, p204). The doctors are discontinuing that service and the present pharmacist, now effectively employed by the dispensing doctors, has predicted that the number of scripts will go "through the roof". I wonder why?

All this leaves a bad taste in my mouth, as I still consider that the professions of pharmacy and medicine should be separately managed. At least co-operation between the two in Winterton has now been assured, but to whose benefit? The potential for a revolution in rural pharmacy practice now exists, with enormous advantages to patients, but all the strings are held by the doctors, and, as owners, they will have financial control over the pharmacy.

It remains to be seen whether pharmacists are strong enough to develop a unique interprofessional

relationship in an atmosphere of equality, or whether they merely become puppets manipulated to perpetuate dispensing doctors' greed.

Time for another look at minilabs

It has been a long, hot summer, with my sales of sun tan preps and sunglasses exceeding all expectations. I have also sold out of Piriton tablets and Anthisan cream without any indication of when I might receive more. In adversity, I have risen to the challenge, and equally effective alternatives have kept my tills ringing merrily.

In such an atmosphere of euphoria, it is difficult to imagine that summer will end, but last week's *Chemex Showguide* was a timely reminder that September is nearly here. As usual, I will be giving my anonymous lowdown on all things revolutionary, but I have already noted a particular emphasis on photo minilabs.

My D&P business has always been good, but my margins are under pressure as the necessity to compete has reduced prices. This has been good news for the consumer, and the increased volume has provided compensatory profits, but I think the market is now as lean as it will go.

This year's *Chemex* provides me with the opportunity to compare minilabs with my present photoprocessor. The new machines are smaller and more reliable, but before I join the ever-burgeoning one-hour D&P opportunists I will have to carefully weigh the achievable return on such a large investment.

HAs seek to be better informed

Health authorities want more information to help them decide which treatments work and which do not, according to the National Association of Health Authorities & Trusts.

Responding to the Labour Party's recently-launched health strategy for the NHS, NAHAT's Health Authority Council urges it to strengthen the role of health authorities.

There is an "enormous potential" for HAs to deliver a primary care-led agenda, but they must be given the same flexibility and freedoms as NHS trusts, argues NAHAT.

The Association is also calling for a health information unit to be set up in each HA area, working closely with trusts to provide impartial advice to the general public.

Essex Training Group looks for further funding

A mostly-favourable response to this year's training and workshop programme has led the Essex Training Group to put in an application for further funding for future courses.

Earlier this year, ETG, which is run by three Essex Centre for Pharmacy Post-graduate Education tutors, scheduled one residential weekend course on asthma and five evening workshops taking in case studies based around Health of the Nation targets. These included: an Irish family going on holiday to the Caribbean, possible vaginal infection in a non-present client, a long-term smoker having repeated prescriptions for chest infection, increased sales of citric acid and the use of monitored dosage systems.

Pending further Essex Family Health Services Authority funding, between November and March ETG has pencilled in: three evening workshops based around similar case study discussions, residential and nursing home issues, and counter prescribing and referral; plus two residential weekends discussing asthma, and – in conjunction with general practitioners – prescribing, formulary development and OTC medication, in addition to a 'catch up' session for previous residential course participants.

ETG tutor Miall James is confident that some, if not all, of the group's proposals will be accepted by the FHSA.

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0593-82

"The only thing I change more than my antiperspirant is my blouse."

What if you couldn't find an antiperspirant that worked?

What if you went on sweating so much that before the day was out you needed a change of clothing? As a recent Gallup survey revealed, this is the reality for a surprising number of people. Clinically the condition is known as hyperhidrosis and is linked to a fault in the body's internal thermostat. You may not have heard of it because it's a problem that sufferers generally keep to themselves, never imagining that help was available.

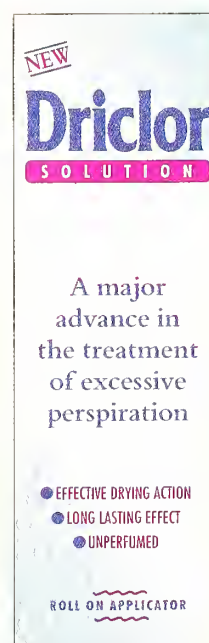
Excessive perspiration is a serious business. Gallup found that 10% of women suffer embarrassment because of it and a further 11% are frequently forced to change clothes or cover up. The level of dissatisfaction with existing antiperspirants might also surprise you. As many as 26% of all women asked

were interested in buying 'a new product successfully used by doctors' – if it became available from their pharmacist. This is your opportunity to help them.

The treatment is Driclor Solution, a specialist antiperspirant which was until recently only available on prescription. Now licensed as a pharmacy only product it is poised to help you reach a seriously large, and as yet unsatisfied, new market. New Driclor Solution is presented in a roll-on applicator and is designed to be

applied to affected areas nightly. The effects are long-lasting and so with time the number of applications can be reduced to 2 or 3 times a week, eventually less.

New Driclor Solution is **ready** to bring fresh confidence to the lives of thousands who, until now, never knew anyone cared. Will they find it in your pharmacy?



**Pharmacy only
clinical antiperspirant**

MEDICALmatters

Changes for Climaval

The data sheet for Climaval (oestradiol valerate) has been amended to reflect more recent opinions on hormone replacement therapy.

The Contra-indications and Precautions section now states that: "At the present time there is suggestive evidence of a slight increase in the relative risk of carcinoma of the breast with HRT used for longer than five years. Regular breast examinations should be carried out in women on HRT and mammography where appropriate. Breast status should also be closely

monitored in women with a history of, or known, breast nodules or fibrocystic disease."

It goes on: "Caution should also be exercised in patients with a history of or increased risk of thromboembolic disorders, including myocardial infarction, stroke, pulmonary embolism and thrombophlebitis."

Dubin-Johnson syndrome or Rotor syndrome are no longer contra-indicated, but patients with these conditions should be closely monitored. Women who have suffered general pruritus during a previous pregnancy or

otosclerosis, which has deteriorated during pregnancy, can be prescribed Climaval, but it is essential that they are monitored as well.

There is no longer a restriction on the duration of Climaval therapy. Previously its continuous use (in hysterectomised women) was limited to 24 months.

A new 'Further Information' section refers to the beneficial effects that oestradiol valerate has on the lipid profile: decreasing low-density lipoprotein cholesterol and increasing high-density lipoprotein cholesterol.

Obesity due to sloth not gluttony

The increasing prevalence of clinical obesity is due to inactivity rather than overeating, suggests an article in the *British Medical Journal*. Over the last year, the prevalence of clinical obesity has doubled and, as this is occurring in a relatively stable population, the authors conclude it must be due to environmental and behavioural factors rather than genetics.

It is generally assumed that the wider availability and increased

consumption of cheap, palatable convenience foods is the root of the problem. However, the average recorded energy intake has fallen by 20 per cent since the 1970s, while obesity rates have risen. This suggests that levels of physical activity and hence energy needs have declined even faster.

Increasing affluence in society has led to an increasingly sedentary lifestyle where motorised transport replaces walking or

cycling. Leisure time is dominated by watching television – the average person in Britain now watches 26 hours of television a week, compared with 13 hours in the 1960s. Videos and computer games contribute to further hours of inactivity. More than eight out of ten men and women had not walked continuously for two miles in the previous month and only two or three out of ten had taken part in vigorous activity of any sort.

Comparative studies needed for Benzamycin, says *Bulletin*

Studies comparing the effectiveness of Benzamycin gel, a combination product containing benzoyl peroxide plus erythromycin, and the two drugs used concurrently should have been made before marketing the product and are needed now, says the *Drug and Therapeutics Bulletin*.

In its review of Benzamycin gel, the *Bulletin* agrees that in short-term use the combination product is more effective in the treatment of acne than either constituent used alone.

However, the report says there are no trials that compare Benzamycin with benzoyl peroxide plus erythromycin used concurrently, nor any reliable published

data on the comparable efficacy of Benzamycin and topical preparations which contain other antibiotics, such as tetracycline or clindamycin.

Manufacturer Bioglan Laboratories says a comparative study using the components would not produce any worthwhile data.

The Consumers' Association estimates the cost to the NHS of one month's treatment with Benzamycin applied twice daily (dose 0.5g) at about £10, which it says is around three times the cost to the NHS of the two constituents together. Bioglan disputes this figure, arguing that one pack, costing £7.99, would last at least four weeks.

Caverject safe and effective, but not ideal treatment

Caverject is at least as effective as papaverine for the treatment of impotence and is probably safer, says the latest *Drug and Therapeutics Bulletin*.

Alprostadil with syringe and diluent, marketed by Upjohn as Caverject, is licensed in the UK for the treatment of erectile impotence by injection into the corpus cavernosum. Papaverine is not licensed for this indication, but it has been widely used either alone or with phentolamine.

In a single-blind crossover study comparing the two treatments, alprostadil (5mcg) produced an adequate erection in 34 men (26 per cent) compared with 17 (13 per cent) receiving papa-

Peditrace from Pharmacia

Peditrace is a sterile, clear, colourless solution containing trace elements for addition to certain infusion fluids in the intravenous nutrition of paediatric patients. Each ml of Peditrace contains: Zn (250mcg); Cu (20mcg); Mn (1mcg); Se (2mcg); F (57mcg); and I (1mcg). It should not be given undiluted. Up to 6ml of Peditrace can be added to 100ml Vaminolact, Vamin 14 Electrolyte-Free or glucose solution (50-500mg/ml). The basic NHS price for 10 x 10ml vials is £31.00.

Pharmacia Ltd. Tel: 01908 661101.

Neo-Cortef Ointment

Cusi says, due to continuing manufacturing difficulties, Neo-Cortef Eye/Ear Ointment will not be available in August as scheduled. Stocks of Neo-Cortef Eye/Ear Drops 10ml are readily available.

Cusi (UK) Ltd. Tel: 01428 661078.

Mobiflex discontinuations

Roche says, as part of its continuing rationalisation programme, it has discontinued Mobiflex Effervescent Tablets 20mg x 10 and Mobiflex Milk Granules 20mg x 10 with immediate effect. Existing stocks should be used up as Roche is not accepting returns.

Roche Products Ltd. Tel: 01707 366000.

Proflex follows the GSL trail

Proflex tablets (ibuprofen 200mg) will be available for GSL sale at the end of this month. Zyma Healthcare says it has taken the decision following the regulatory changes and recent market activity.

Julie Green, product manager at Zyma, says: "The benefits of ibuprofen as an effective pain reliever are already well established. We are now in a position to make these benefits more widely available to the consumer. Although we did not initiate the change in regulatory



status, the approval for 200mg tablets in a pack size of 12 has led us to go in that direction at this time." All GSL packs will

carry full warnings and a patient information leaflet. A pack of 12 will retail at £1.09. **Zyma Healthcare. Tel: 01306 742800.**

TVM takes on Blackmores' range



TVM Healthcare is the new pharmacy distributor for the Blackmores' range of herbals, vitamins and minerals.

To boost pharmacy sales, TVM is currently offering an extra 13 per cent off trade prices (resulting in a 43 per cent POR across the range).

Point of sale material,

including consumer leaflets, merchandising units, posters and shelf talkers is available – free of charge.

TVM is also responsible for distributing Blackmores' Natural Beauty range, a cruelty-free line of toiletries.

TVM Healthcare. Tel: 01530 560800.

Free Remegel

A series of sampling activities through national and regional newspapers is giving away packs of Remegel to readers.

A similar offer which recently appeared in top-selling tabloid newspaper *The Sun* attracted 11,134 applicants.

Warner Wellcome Consumer Healthcare. Tel: 01703 641400.

AAH best buys

Top offers from AAH Pharmaceuticals next month include the Simple and Nivea face care ranges. Other top-selling, specially-discounted lines with higher PORs include Nicorette gum, Otex ear drops, Milk of Magnesia and Johnson's baby toiletries.

AAH Pharmaceuticals Ltd. Tel: 01928 717070.

Elastoplast makes its mark

Elastoplast is the first first aid dressing to introduce a CE mark similar to the one recognisable to consumers on toys as an indication that they are safe.

Now being introduced on a rolling pack basis, the mark indicates that the product is produced to a high standard and complies with the safety and quality standards instituted by the new European Medical Devices Directive. By the middle of 1998, all first aid dressings must comply with this.

Packs also now incorporate an expiry date on the base of the packs (which is three years from the date of production). **Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.**

Beauty treatment for Belladonna

Belladonna Plaster has been given a face-lift by Cuxson Gerrard, bringing the brand in line with the company's wide range of medical supplies.

Made from either red flannelette or white cloth, the plaster carries ventilation holes and

Healthlife teams up with Miles Group for new supplement launch

Healthlife has made sales and marketing consultancy the Miles Group its partner in pharmacy.

The Group will set about developing Healthlife's market share in this sector.

● Healthlife has just introduced New Formu-

lation Cod Liver Oil + Multivitamins. Each one a day capsule contains 500mg CLO and includes vitamins A, D, E and C, and is available in two sizes, 30s priced at £2.79 and 90s at £6.69, both in cases of six units.

Healthlife Ltd. Tel: 01274 595021.

Anadin on TV

Anadin Extra is back on TV screens next week in a new £2.5 million advertising campaign.

There are two 30-second slots: one features a new teacher about to be introduced to a class and another focuses on a mother trying to get her family ready for her daughter's wedding. Both feature the tagline: 'The little yellow box that's a great help'.

● In a recent usage and attitude survey, sponsored by Whitehall Laboratories, 52 per cent of Anadin Extra purchasers said they would not buy an alternative brand. **Whitehall Laboratories Ltd. Tel: 01628 669011.**

Power brushing

Sensodyne's new character toothbrush range is the Mighty Morphin Power Rangers.

The Sensodyne Angled Small toothbrush features all the characters, including the new White Ranger. They will retail at \$1.69.

Stafford-Miller Ltd. Tel: 01707 331001.

Chirali remedies

Two new herbal skin cream remedies are being introduced by Chirali Old Remedy Company.

The formulae have been developed by acupuncturist and herbal practitioner Ilkay Zihni Chirali and use a combination of Western knowledge and Chinese traditional medicine.

The first launch, Chirali Old Remedy 1, is a sprain/strain skin cream used to relieve the discomfort of aching muscles and joints.

It contains a combination of BP soft paraffin, wintergreen, thyme, bay, eucalyptus and evening primrose oil.

Chirali Old Remedy 2 is a dry skin cream, containing BP soft paraffin, avocado oil, sesame oil, almond oil, olive oil and rose oil, and vitamins A and E.

Both creams retail at £4.50 for a 65ml jar. **Chirali Old Remedy Company. Tel: 0181 859 5818.**

Optical offers

Mid-Optic is currently running the following offer while stocks last: purchase one box of Pentax spectacle cloths and receive a \$5 Marks & Spencer voucher and three free Fuji films.

There is also a free product offer running on special Oxysept Saline banded packs and Lensplus Saline banded packs.

Mid-Optic Ltd. Tel: 01332 360464.

STILL GOING FROM STRENGTH TO STRENGTH.

Since the Robitussin* range was relaunched, it's become one of the fastest growing cough medicines in the UK.

Year on year sales have grown by 26%¹. And our overall market share has increased by 14%².

It is not surprising. With a range of full-strength remedies designed to suit all types of problem coughs, Robitussin has really found its niche in the market thanks to continued pharmacist support.

To ensure this trend continues, Robitussin will be advertised throughout August and September. Ask your Whitehall pharmacy representative for further details.

Make sure you have adequate stocks. The adult-orientated cough remedy has really come of age.

NEW FLAVOUR
Robitussin
For Chesty Coughs with Congestion
Loosens chesty coughs & clears blocked nose
FULL STRENGTH
Guaiphenesin Ph Eur
Pseudoephedrine Hydrochloride BP.

NEW FLAVOUR
Robitussin
For Dry Coughs
Relieves persistent tickly coughs
FULL STRENGTH
NO DROWSINESS
Guaiphenesin Ph Eur
Dextromethorphan Hydrobromide Ph Eur.

NEW FLAVOUR
Robitussin
For Chesty Coughs
Loosens chesty coughs
FULL STRENGTH
NO DROWSINESS
Guaiphenesin Ph Eur.

FULL STRENGTH. NON DROWSY. SUGAR FREE.

ROBITUSSIN CHESTY COUGH WITH CONGESTION COUGH MEDICINE
Presentation: Cherry flavour liquid for oral administration. Each 5ml contains Guaiphenesin Ph Eur 100 mg, Pseudoephedrine Hydrochloride BP 30 mg. Uses: Nasal decongestant and expectorant for the symptomatic relief of respiratory tract disorders. Oosage: Adults: 10 ml three times daily. Children 6-12 years: 5 ml three times daily. 2-6 years: 2.5 ml three times daily. Under 2 years: Not recommended. Contraindications: Hypersensitivity to the active ingredients. Use in patients with acute ischaemic heart disease, thyrotoxicosis, glaucoma or urinary retention. Patients currently receiving, or who have within two weeks received monoamine oxidase inhibitors or tricyclic antidepressants. Patients receiving other sympathomimetic drugs. Interactions: May act as cerebral stimulant in children and occasionally in adults. Should be used with caution in patients receiving digitalis, adrenergic blockers or antihypertensive agents or non-steroidal anti-inflammatory drugs. Special Warnings: None stated. Precautions: None stated. Side Effects: None stated. Effect on ability to drive and use machines: None stated. Incompatibilities: None stated. Use during pregnancy and lactation: Not recommended. Pharmaceutical Precautions: No special requirements. Legal Category: 3. Package quantities: Bottles of 100 ml. Product Licence No. PL 0165/0098. Date of Preparation: October 1994. Shelf Life: 4 years. Price: £2.26.

ROBITUSSIN DRY COUGH MEDICINE Presentation: Cherry flavour liquid for oral administration. Each 5ml contains Dextromethorphan Hydrobromide BP 7.50 mg. Uses: For the relief of persistent dry irritant cough. Oosage: Adults: 10 ml three or four times daily. Children 6-12 years: 5 ml three or four times daily. Contraindications: Known hypersensitivity to the active constituents. Interactions: None stated. Special Warnings: Use with caution in patients with hepatic dysfunction. Precautions: Not applicable. Side Effects: Dextromethorphan Hydrobromide occasionally causes dizziness and gastrointestinal upset. Effect on ability to drive and use machines: None known. Incompatibilities: None stated. Use during pregnancy and lactation: Not recommended. Pharmaceutical Precautions: No special requirements. Legal Category: 3. Package quantities: Bottles of 100 ml. Product Licence No. PL 0165/0100. Date of Preparation: October 1994. Shelf Life: 5 years. Price: £2.26.

ROBITUSSIN CHESTY COUGH MEDICINE Presentation: Cherry flavour liquid for oral administration. Each 5ml contains Guaiphenesin Ph Eur 100 mg. Uses: Expectorant for the treatment of coughs. Oosage: Adults and the elderly: 10 ml four times daily. Children 6-12 years: 5 ml four times daily. 1-6 years: 2.5 ml four times daily. Under 1 year: Not recommended. Contraindications: None stated. Interactions: None stated. Special Warnings: Not applicable. Precautions: Not applicable. Side Effects: None stated. Effect on ability to drive and use machines: None stated. Incompatibilities: None stated. Use during pregnancy and lactation: Not recommended. Pharmaceutical Precautions: No special requirements. Legal Category: 3. Package quantities: Bottles of 100 ml. Product Licence No. PL 0165/0097. Date of Preparation: October 1994. Shelf Life: 5 years. Price: £2.26.

1 Ex-factory sales, YTD May '95
2 IMS data

*Trade Mark

WHITEHALL

Babes take the heat out of summer feet

Capitalising on the hot weather, Scholl has launched a new advertising campaign on Virgin Radio - 'Babes Against Foot Odour' (BAFO).

In a two-month series of six executions running until the end of August, would-be Romeos are advised how to increase their prospects by staying cool and odour-free.

The commercials encourage consumers to prevent foot odour, as well as giving advice on treating the problem. **Scholl Consumer Products Ltd. Tel: 01582 482929.**

Barielle nail care on the hoof

Equestrian-inspired US nail care company Barielle is now launching in the UK.

Its first product was a nail strengthening cream which was a refined version of a product designed to treat the damaged hooves of thoroughbred horses.

The Barielle range of intensive nail care products comprises: Nail Strengthener Cream (£11.34g, \$5.20 and 28.35g, \$9.95); Nail Rebuilding Protein (\$9.95); Intensive Nighttime Nail Renewal (\$7.95); Natural French Manicure Kit (\$7.95); Polish Speed-dry (\$5.95); No-chip Polish Protector (\$6.95); Instant Liquid Nail Hardener (\$6.95); Clearly Noticeable Nail Thickener (\$9.95); Extra Gentle Cuticle Minimizer (\$5.95); Professional Protective Hand Cream (\$4.95); and Total Foot Care Cream (\$9.95).

The Select Cosmetics Company Ltd. Tel: 0171 935 5988.

Bowled over by Nivea Sun

Nivea Sun is using England fast bowler Darren Gough to spearhead its 'Men in the Sun' awareness campaign.

The brand is sponsoring the cricketer for a 12-month period during which time he will appear in promotional material, advertising and PR campaigns.

As one of the first initiatives, Nivea Sun has mailed a poster featuring Gough to sports clubs, cricket clubs and watersports

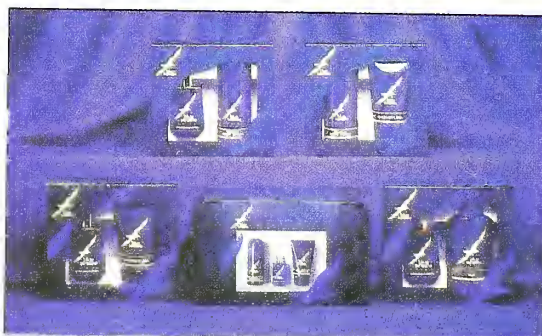
centres across the country. The poster carries key messages about sun damage and the need for men to cover up and protect both at home and abroad.

● Reports in the *British Medical Journal* have highlighted the need for men to be better informed and more involved in the whole area of sun protection products and the real risks of unprotected sun exposure.

Beiersdorf UK Ltd. Tel: 01908 211444.



Dreaming of a blue Christmas



Parfums Bleu is introducing the first Christmas gift sets in the Blue Stratos fragrance for five years.

The sets will also include the first new product under the company's ownership - a shower gel (\$1.99).

There are five presentations: four two-piece window boxes and one of three products presented in a navy travel bag.

Three of the boxed sets retail at \$5.95 and consist of 50ml after shave combos with a body spray, shower gel and talc respectively. A boxed set comprising 150ml body spray and 150ml shower gel retails at \$3.95.

The travel bag contains an after shave, body spray and shower gel, and retails at \$9.95.

Parfums Bleu Ltd. Tel: 01628 529148.

Spectacular glittering Xmas prizes

Spectacular Cosmetics is going for glitz this Christmas.

Nails and lips can be vamped up in Red or Dead and Foxy Red lipsticks and nail polishes, while eyes can

shimmer with Green Kohl.

There are also two sparkly shades of glitter-filled nail polish. All products retail at \$0.95. **Spectacular Cosmetics Ltd. Tel: 0181 903 2030.**

True Love from Elizabeth Arden

The latest perfume from Elizabeth Arden, True Love, boasts a new fragrance discovery, termed the 'emotion of flowers'.

Research has found that when two different flowers grow side by side, the scent emitted is not merely a combination of the two, but a new smell.

True Love's fragrance is a bouquet of freesia, lily of the valley and rose top notes, with a heart of jasmine, lotus, iris and narcissus. Base notes are sandalwood, vetiver and musk.

True Love is packaged in clear glass bottles which reveal the pink-tinted fragrance. A gold band encircles the bottle neck.

Available from September, the range comprises: parfum 7.5ml and 15ml (£53 and £83 respectively); eau de parfum spray 50ml (£34.50); eau de toilette spray 50ml and 100ml (£29.95 and £39 respectively); body lotion 200ml (£21); and bath and shower gel 200ml (£17). **Elizabeth Arden Ltd. Tel: 0171 224 1213.**

Bags and bags of hairspray

Silvikrin is introducing a handbag-size hairspray to capitalise on the peak holiday season and travellers' needs.

The 75ml canister retails at \$0.89 and has been made available in three variants: Firm, Maximum and Natural Hold.

The launch is to be supported by an extensive PR campaign, including advertorials, as well as national and regional sampling campaigns.

Wella Great Britain. Tel: 01256 20202.

Pearl of wisdom

Cussons Pearl has a new claim for its moisturising soap bar this month, which is set to challenge rival beauty soaps.

It states that Pearl has 50 per cent more creamy lather than other beauty soaps. It includes more coconut oil - a naturally derived lather enhancer - than its nearest competitor.

Cussons (UK) Ltd. Tel: 0161 792 6111.



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The only family treatment for threadworms

The Ovex™ Family Pack encourages your customers to treat the whole family at once, by keeping treatment simple and economical.

Single-tablet treatment for threadworms is successful in more than 90% of cases, while treating close contacts lowers the risk of reinfection. That's why Ovex means far better value for the average family of four than multiple purchases of two-tablet



OVEX™

The single-tablet treatment for threadworms

treatment. And, with a basic POR of 33%, it means excellent business too.

Ovex is the brand leading threadworm treatment that's going to stay on top. It's committed to education, sponsoring the 'Early Bird' campaign, and backed by point of sale materials including popular, informative leaflets. For simple, effective, family threadworm treatment, Ovex is first choice.

OVEX™ Essential Information. Product Licence No: 0242/0171. Product Licence held by: Janssen - Cilag Ltd., Saunderton, High Wycombe, Bucks., HP14 4HJ. Active Ingredient: Mebendazole 100mg. Indication: Treatment of Enterobius vermicularis (threadworms). Dosage: Adults and children over 2: one tablet as a single dose. In the case of reinfection, a second tablet may be taken after 2 weeks. Contraindications: Pregnancy, hypersensitivity. Side effects: Rarely minor gastrointestinal disturbances and hypersensitivity reactions. Precautions: It is not advisable to breastfeed while taking OVEX™. Cimetidine may inhibit the metabolism of mebendazole. Warning: Do not exceed the stated dose.

Hai Karate take off!

Miners International has put forward a bid for its Hai Karate brand to be featured on the side of a Swedish rocket! Sponsorship of the launch of the Maxus space probe in November is currently up for grabs. Managing director Stewart Chambers says: "Hai Karate hails from an era when space exploration was a fascinating phenomenon and I think a rocket launch is a very apt way to announce its comeback."

Miners International Ltd.
Tel: 01276 685898.

Fuji on Internet

Fujicolor Quicksnaps are now on the Internet, courtesy of the new Internet travel magazine, *Late Escapes by Wire*, which lists them among suitcase essentials. The magazine – an interactive brochure – will reach 30 million people worldwide. **Fuji Photo Film (UK) Ltd.**
Tel: 0171 586 5900.

Duracell demand

National Fire Safety Week runs a month earlier than usual this year, September 25-30, with the Saturday again named as National Battery Day, where the focus is on smoke alarms. Duracell is continuing to support the initiative with the reprint of its house-shaped 'Safe as Houses' advice leaflet. **Duracell (UK) Ltd.**
Tel: 01293 517527.

Panasonic relaunch

Panasonic is relaunching its compact camera range. Each model is now available as a 'ready to use' outfit, presented in a gift box. **Introphoto Ltd.**
Tel: 01628 74411.

Chupa explosion

Chupa Chups is introducing Chupa Chups Crazy Dips, a lollipop shaped like a foot, with a crackling dip which fizzes in the mouth. Available in two flavours, strawberry and cola, they are packaged in an airtight aluminium pouch and retail at around £0.25. **Food Brokers Ltd.**
Tel: 01705 219900.

Travelling light



Guest International has introduced a personal care toiletry travel kit.

It consists of individual 40ml bottles of conditioning shampoo and bath/shower gel,

together with a 25g soap, shower cap and multi-purpose bag.

The items are contained in a clear drawstring bag. **Guest International Ltd.**
Tel: 01734 817377.

Easy on the eyes

Almay has introduced a new range of eye colours which combines high concentrations of pigments (for lasting colour) with high concentrations of fine powders (for a smoother texture).

Easy To Wear Eyeshadow comes in six single shades (rsp \$5.95) and three duos (rsp \$6.95).

Revlon International Corporation.
Tel: 0171 629 7400.

Cashback is back at Philips

Philishave will be running its 'cashback' promotion again from September.

Consumers buying any Philishave model priced \$95 or over will be entitled to claim a \$15 cashback.

A \$10 cashback will be available on all models priced \$45 and over.

Running until October 28, claims must be received by November 13 and the original till receipt must be enclosed.

National newspaper advertising, combined with a colourful POS showcard, will back the eight-week promotion. **Philips Home Appliances.**
Tel: 0181 689 2166.

Ultra grooming

Givenchy is introducing a grooming line to its Insense Ultramarine men's fragrance.

The floral-fruity fragrance will be available from October as a moisturising after shave care (75ml tube, £20.50); bath and shower gel (200ml tube, £19.50); deodorant stick (75ml, £12); deodorant natural spray (150ml, £14); and a soap (100g, £8).

Parfums Givenchy Ltd.
Tel: 01932 245111.

A little bit of monkey business

Larkhall's Natural Flow brand – the maker of Animal Fun, the children's multivitamin and mineral supplements shaped like animals – have agreed to donate \$0.10 from every pot of Animal Fun sold to London Zoo's Conservation Programme.

Donations from Animal Fun are targeted towards saving the golden-headed lion tamarin monkey – there are now as few as 250 in the wild.

Trade price for Animal Fun is \$2.24 for 30 tablets (rsp \$4.45). **Larkhall Natural Health Ltd.**
Tel: 0181 874 1130.

Sun, sex and more sex

This year's NOP Health Monitor, sponsored by Durex, has found that the holiday abroad was seen by 81 per cent of people as the most likely occasion for casual sex. This compares with just 58 per cent this time last year.

The number of people who expected that they would be involved in casual sex themselves has also risen. Last year, 7 per cent of those travelling without a partner hoped for a sexual encounter with a new partner, but the number has now increased to 11 per cent.

The survey found that women believed British men would be the most likely to use a condom. Those least likely, they thought, would be the Greeks and the Irish. **LRC Products Ltd.**
Tel: 01992 451111.

Clean up with Aromawipes

Shirley Price Aromatherapy has produced a wipe which freshens and moisturises.

Aromawipes are a pair of sachets, which contain one 'freshen' and one 'moisten' tissue.

The freshening tissue is impregnated with a dilution of six essential oils chosen for their skin toning qualities: lemon, lavandin, petitgrain, geranium, juniper and melissa.

The moistening tissue contains a cream based on avocado and four essential oils: geranium, petitgrain sur fleurs, juniper and chamomile Roman.

The sachets, available in boxes of five pairs (rsp \$3.99), come in shelf units of ten boxes of five pairs.

Shirley Price Aromatherapy Ltd.
Tel: 01455 615466.

ON TV NEXT WEEK

Beckmann Stain Devils: GMTV

Carex: All areas

Colgate Total: All areas

Colgate Total Toothbrush: All areas

Colour Direct: GTV, U, STV, B

Dove Bar: All areas

Fujicolor Super G Film: All areas

Imperial Leather Extra Care: All areas

Just For Men: All areas

Listerine: C4

Matey Bubble Bath: C4 & satellite

Neat Feat: C4, GMTV

Nurofen: All areas

Nytol One-A-Night: All areas except LWT & GMTV

Oz Descaler: GMTV

Palmolive 2-in-1 Range: All areas

Poli-Grip Fresh: All areas

Slim Fast: All areas

Tagamet Dual Action Liquid: All areas

Wrigleys: All areas

Wella Liquid Hair: All areas except A, CTV, GMTV

Wisdom Contour: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

THE BIGGEST NEWS FOR EARS IN YEARS



- Otex is now the undisputed brand leader amongst proprietary ear wax preparations.
- The total value of the ear wax market has grown a staggering 37% since Otex was launched.
- In-pack survey results show 9 out of 10 users find Otex effective.
- Almost 90% of Otex purchasers surveyed said they would buy Otex again.

And here's why...Otex has a unique, dual-action formula that not only softens hardened ear wax but then goes on to help it fragment and disperse. Otex is clinically proven to reduce the need for syringing.

With a massive, new national TV and press campaign scheduled for this year, it can only mean one thing ... even bigger news for your pharmacy sales.

Otex[®] **EAR DROPS**

urea hydrogen peroxide

**CLINICALLY PROVEN
TO DISPERSE EAR WAX
AND REDUCE THE NEED
FOR SYRINGING**

OTEX Registered Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7JJ. **Active Ingredient:** 5.0% w/w Urea hydrogen peroxide. **Directions:** Tilt head, and gently squeeze 5 drops into ear. Leave for a few minutes and then wipe surplus with tissue. Repeat once or twice daily for approximately 3-4 days or until symptoms clear. **Indications:** For the removal of hardened ear wax. **Precautions:** Do not use if sensitive to ingredients, if ear drum is damaged, if there is any other ear disorder (such as inflammation), or if any other preparation is being used in the ear. If in doubt, or if there is a history of ear problems, seek medical advice before use. Keep away from eyes. If irritation or pain occurs during use, or if symptoms persist, stop treatment and consult your doctor. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY** Legal category: **P** Packs: Bottles of 8 ml (PL 0173 0151) price £3.25 / 4.95

PHARMACYupdate

Drugs and the elderly

The second in a two-part series considers the pharmacist's role in drug handling in a home

Research Digest

PACT – an effective method of altering prescribing habits? Is there an increased risk of breast cancer with long-term HRT?

The proportion of elderly people in the United Kingdom continues to rise. In 1971, just over 13 per cent of the population were 65 years or over; this is projected to rise to around 24 per cent in the year 2051. More important, the rise of those aged 80 or over will double from under 4 per cent to over 9 per cent (see graph, p11).

These figures have important implications as the elderly constitute a dependent population; a population supported economically by those of working age. The increasing elderly population means a greater demand on healthcare; an increased utilisation of services and an increased need for care.

This article aims to address some of the problems that the elderly patient may experience when taking drugs and to identify how the pharmacist can best act within the various care sectors the elderly live in.

Community care

As people get older, they may require some assistance with their everyday living. The scale of assistance is governed chiefly by the person's needs, wants and available resources.

The extent of drug-related problems differs widely in each environment, according to the patients' exposure to their medicines, the responsibility they have and the experience of the carers involved in handling medicines.

The pharmacist is best qualified and equipped to provide advice and education on the safe and appropriate handling of medicines and the problems associated with them. By identifying and promoting these roles pharmacists will become readily identifiable as the professional to communicate with.

Nursing homes

Within nursing homes, the elderly person is usually too ill or infirm to care for themselves or to be cared for by relatives, and needs full-time nursing care. Here, the patient receives medical care by appropriate qualified nursing staff.

The pharmacy input necessary is similar to that of an in-patient hospital:

- checking drug charts
 - appropriate prescribing
 - interactions and adverse effects of prescribed drugs.
- This could be described as clinical pharmacy in the community. The community pharmacist dispenses the homes' prescriptions every month and delivers them to the home, having checked that the medication is safe and appropriate. Drugs are then distributed by the trained

nursing staff in a style similar to that of a hospital.

Recent studies have shown a need for increased pharmaceutical input into nursing homes; by reviewing the need and doses of certain drugs, in particular antipsychotics¹. Pharmacists could actively increase elderly patients' quality of life by informing local matrons and prescribers of the documentation of adverse effects

Helping the THIRD AGE



The final section of a two-part series examining drugs and elderly looks at the pharmacist and sociological issues. With the move to care in the community, this challenge is increasing, as Catherine Duggan, research pharmacist at the School of Pharmacy, explains

of antipsychotics in those over 70 years of age.

Residential homes

An elderly person who lives in a residential home may have previously found that caring for themselves at home was too much and, though not in need of full-time medical care, may require assistance in carrying out their everyday life.

Although the elderly who live in these homes are not ill as such, they may become ill or may be suffering long-term chronic conditions which require prescribed medication. There is GP cover for these homes to allow for any medical conditions that the residents may suffer to be dealt with appropriately and, if necessary, initiate hospital admittance.

The need for pharmaceutical input was addressed a few years ago by the initiation of pharmacy contracts to residential homes². This has involved the pharmacist making regular visits to the homes to check for the safe and appropriate use and storage of these medicines, to check the medication regimens of the residents and initiate therapeutic changes where appropriate.

The contracted pharmacist usually dispenses the drugs for the home on a 28-day basis, using one of the widely-available metered dose systems (MDS), such as Manrex or Nomad. The residential home staff are then trained to give the medicines in the appropriate MDS at the specified time of day to the correct patient, thus reducing potential time-, dose- and person-related errors.

Residential homes can obtain a supply of OTCs from a pharmacy, usually the one contracted to the home. These are identified as 'homely remedies' within the homes; their use is normally supervised within the previously agreed range supplied. They can then be used by the clients within the home when appropriate. These remedies include medicines such as cold and flu products, creams and liniments for aches and pains, etc.

The principles for residential care include the maintenance of

Continued on P111 ►

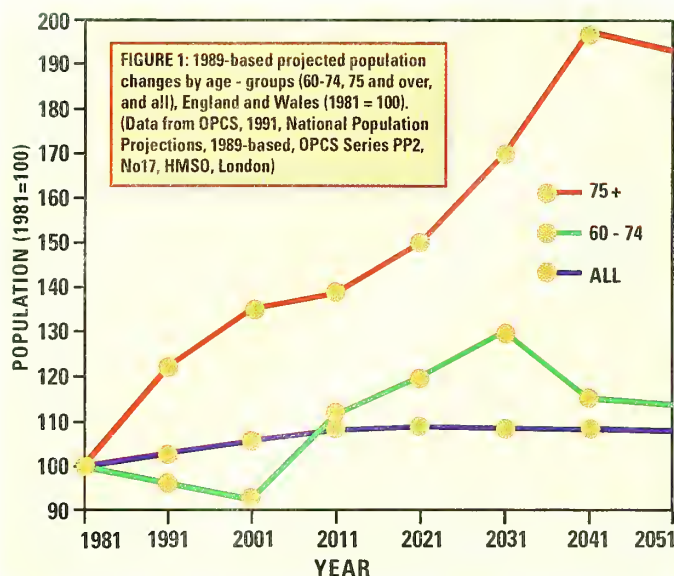


New Mycil Gold Clotrimazole. For use on all seven feet.



Now there's a Mycil that can be used on every foot of your body. Mycil Gold Clotrimazole is an antifungal cream for persistent cases of athlete's foot as well as a broad range of other fungal infections.

At £2.99 for a 20g tube, it's what your customers have been itching for.



Continued from PI

client privacy, client dignity, client independence and client choice; their independence can be enhanced by allowing them to self-medicate with these homely remedies, if appropriate.

Residential homes' contracts also address the problems of staff training within these homes; because the residents are not considered ill, the staff employed there do not tend to have nursing qualifications. They may have little experience in dealing with drugs, not fully understanding their indications, when they should be given or indeed for how long.

Staff within residential homes are very receptive to any training in drug use; it seems a valuable extension to the pharmacist's role in service provision to the homes to provide some education and training.

Staff may be educated by the pharmacist to understand certain medical conditions, such as hypertension, more clearly. This will highlight their understanding of the residents, their condition and their needs for medicines.

Sheltered residences

Sheltered accommodation is provided for elderly persons who are able to maintain their independence by living on their own, under supervision. The housing is usually self-contained and overseen by a warden, who has access to individual flats in emergencies.

The clients are often visited by social services who provide them with meals-on-wheels and district and auxiliary nurse care for any of their medical needs.

The district nurses often identify a nearby pharmacy to help with supply and advice on the use of medicines, appliances and dressings. The elderly in this accommodation may become

confused with their prescribed medication, for instance, if they have multiple drug therapy, if medication regimens change due to hospital admissions or GP alteration.

In all of these cases, the pharmacist can alleviate worry and confusion with the provision of compliance aids such as dosette boxes, which enable the tablets for seven days to be easily identifiable. Thus, the client knows exactly what to take and at what time of day to take it.

The pharmacist can encourage active discussion with district nurses to identify any further patient needs. This may include, for example, the use of large print on labels for both prescribed medicines and those bought OTC, 'easy tops' if the client has a difficulty in opening child-resistant closures.

Domiciliary visits to sheltered accommodation can prove very useful in building up relationships with these clients:

- to alleviate any worries about their therapies
- to actively increase patient adherence to drug therapy by giving information and acting on any problems experienced
- to increase patient trust in their medicines.

By increasing the quality of services provided to these clients the pharmacist ensures that a high standard of pharmaceutical care is obtained by this elderly group and that the pharmacy profile is maintained in the client's use of medicines.

Private housing

The elderly person may live alone in the community, or with a spouse or relatives who may act as carer(s) and support system.

There has been a growth in the proportion of one-person households in England and Wales; with women over pensionable age being the

largest group of people living alone, but this has been stable since about 1971.

The elderly living alone may have access to community services such as meals-on-wheels and home-helpers to assist with cooking, cleaning and maintenance within their home.

Most of the time, these people obtain their medicines from their GP and a regular community pharmacist and see themselves, quite rightly, as completely independent. They may well require the same pharmaceutical services as those clients in sheltered housing, but may be reluctant to ask for assistance, either because they see this as a potential failure in their independence, or that they do not realise that the problems may be addressed by the community pharmacist.

The pharmacist could become familiar with the infrastructure of the medical services, social services and care support provided to these clients, and so develop a high standard of communication to address any areas of client need. This way, the carer would identify their local pharmacist as the healthcare professional to contact with any medicine problems.

It is only by identifying the client's needs that pharmacists can focus their services to meet them effectively and efficiently. The pharmacist can actively take part in shared care plans with local hospitals for the care of those elderly patients going home after a hospital stay.

Hospital discharge

The elderly tend to be prescribed increased numbers of drugs and experience more hospital admissions; they may then experience more problems associated with their drug supplies. These problems may be associated with a change of strength of drug in hospital, which has not been followed up in the community. The patient can be confused by which supply is current and may take neither, either or both.

The involvement of pharmacists in sharing the care of patients and planning for the patients discharge from hospital will result in a reduction in the problems associated with supply of the patient's drugs. In addition, this would be an efficient way to tackle potential problems with subsequently prescribed drugs.

Alternative help

Often clients in residential homes are from ethnic minority groups and, when living independently in the community, they may have been used to self-medicating with medicines from their own cultures.

In addition, there is a general increase in the use of all alternative treatments, including herbal, homoeopathic and aromatherapy remedies, within the entire community. This is due, in part, to a growing lack of satisfaction with conventional treatments for chronic conditions such as rheumatoid arthritis.

Review of the use of alternative remedies is much less defined than the review of conventional therapies within a home. This may be due to the fact that these remedies are not viewed as medicines because they were not prescribed by the GP or obtained from the pharmacy.

The remedies may have been used for long periods of time, supplied by family and friends and their constituents may be uncontrolled with regard to content and efficacy.

A study was undertaken to estimate the extent of use of alternative remedies within residential homes and suggested that the pharmacist should have a mediating role between the clients of the home, the carers and the GPs to increase the awareness of alternative remedies within these groups².

The observations from the study were both revealing and interesting; the trend for using alternative remedies in the homes tended to be similar to their use in the general community setting.

The study also exposed a difference in the views of the carers within the homes. Those who regularly used alternative remedies themselves acknowledged and encouraged their use by the clients, whereas those who were unfamiliar with alternative remedies and 'cures' tended to ignore their use by the clients.

Many of the remedies were being used with no apparent rationale for their indication. Other identified remedies were being used with proven efficacy.

The study implied a need for the pharmacist to be aware of the use of these remedies so that adverse effects and interactions can be identified.

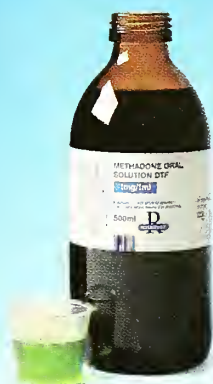
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- 2 Pharmaceutical care and service provision to residential homes, Duggan C, *et al*, *Pharmaceutical Journal* 1992; 249:R36.
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Rosemont, the oral liquids specialist...



...specialise in success



Rosemont's Methadone Oral Solution DTF is a nationwide success story. It has become the most widely dispensed Methadone Oral Solution DTF* in the country, a position it attained just six weeks after launch!

And now this success is being repeated with a unique sugar free Oral Nystatin Suspension. Not only is it sugar free, it is also ready made up, saving valuable time in the pharmacy. In addition, it is free from artificial colours and has a pleasant strawberry flavour.

No wonder health authorities the length and breadth of the UK are turning to Rosemont Oral Solutions.



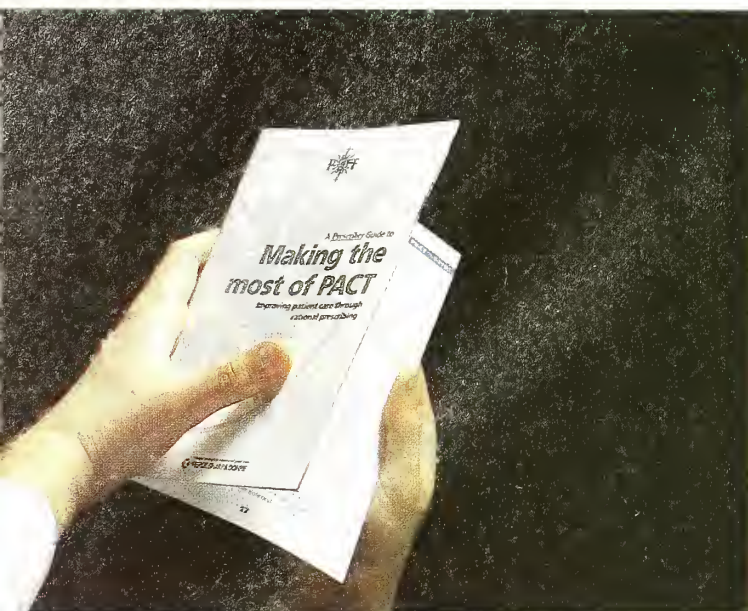
Rosemont's 'Specials Service'

Under our Specials licence we are able to offer you bespoke oral liquids, covering a wide range of therapeutic areas in a variety of strengths and sizes. Naturally, the products from our Specials Service are made to full pharmaceutical standards, and are analysed and tested to ensure correct and consistent quality.

These products can be supplied in as little as 24 hours upon request.



An oral tradition you can rely on



Does feedback on prescribing work?

PACT is all about giving GPs prompt information about their prescribing habits so that they can make appropriate changes. This is supported by information on rational prescribing provided by medical and pharmaceutical advisers. It is still too early to assess the impact, but a study from Norway suggests that it is effective.

GPs in two counties recorded details of all their consultations which resulted in a prescription over a one-month period. Ten months later, GPs in one county were mailed advice on rational prescribing for insomnia and cystitis prepared by panels of medical experts. This stated that insomnia should ideally be managed for insomnia and cystitis prepared by panels of medical experts. This stated that insomnia should ideally be managed for insomnia and cystitis prepared by panels of medical experts. This stated that insomnia should ideally be managed for insomnia and cystitis prepared by panels of medical experts.

Cystitis should be treated with a three-day course of trimethoprim or a sulphonamide (but not co-trimoxazole) and broad-spectrum penicillins – nitrofurantoin should be avoided. Then, one year after the first survey, prescribing habits were again recorded.

The 111 GPs recorded about 28,000 consultations resulting in a prescription in each year.

Insomnia accounted for 8 per cent. Of these, approximately 98 per cent resulted in a prescription in both groups of GPs before and after the intervention.

However, only the GPs given the information prescribed significantly fewer doses and smaller quantities. Their use of short-acting benzodiazepines, antihistamines and antidepressants increased and prescribing of medium- and long-acting benzodiazepines decreased. However, there was no apparent increase in non-pharmacological treatments.

Cystitis accounted for 3 per cent of prescriptions. GPs given advice issued more prescriptions; they prescribed more trimethoprim and less co-trimoxazole. The control group prescribed more co-trimoxazole and their use of broad-spectrum penicillins also increased.

Feedback does change prescribing – in Norway, at least – but it seems more difficult to persuade doctors to use non-drug alternatives. This may depend on the availability of other treatment options, but it could also be the case that a prescription is still a convenient way for busy GPs to provide care.

Journal of Clinical Epidemiology 1995;48:1061-8

High frequency of adverse events in US hospitals

Data from New York suggest that 4 per cent of people admitted to hospital will experience an injury due to medical treatment. If this is true for the US as a whole, the risk from treatment is greater than the mortality from car accidents and causes more deaths than all other accidents together. Drugs were the commonest cause of injury, accounting for 19 per cent of cases.

Pharmacists, nurses and physicians in two New York hospitals have now collaborated in a six-month study to determine what causes drug-related injury and whether any cases are preventable. They recorded all possible adverse events and potential adverse events by reviewing patients' charts daily and actively questioning ward staff.

There were 4,031 admissions, excluding obstetrics, accounting for 21,142 patient-days in hospital. Of a total of 247 confirmed adverse events, 19 resulted in injury or prolonged hospital stay – 28 per cent were preventable. Of 194 potential adverse events, 43 per cent were stopped before the drug was administered.

The rate of adverse events was highest in medical

intensive care units (19.4 per 1,000 patient-days); in general medical and surgical units the rate was 9-10.6 per 1,000 patient-days. Three adverse events (1 per cent) were fatal and none was preventable. By contrast, over 40 per cent of serious or life-threatening events were preventable.

The drugs most often implicated in adverse events were morphine (9 per cent); pethidine (5 per cent) and oxycodone (4 per cent). Analgesics accounted for 30 per cent of cases and antibiotics for 24 per cent.

Of the preventable events, 49 per cent were the result of ordering errors; 11 per cent were due to transcription errors; 14 per cent to dispensing errors; and 24 per cent to administration errors.

Adverse drug-related events were common in this study, occurring in 6.5 per 100 non-obstetric admissions; potential adverse events occurred in 5.5 per 100 non-obstetric admissions. Since serious events were more likely to be preventable, and because preventable errors were common, prevention strategies are needed for all aspects of the drug delivery process.

Journal of the American Medical Association 1995; 274:429-34

Co-amoxiclav jaundice risk

Jaundice is a rare adverse reaction to co-amoxiclav: the Committee on Safety of Medicines estimates the frequency of all hepatic reactions at 1 event per 50,000-200,000 prescriptions and attributes it to the beta-lactamase inhibitor clavulanate. An Australian study has now attempted to identify risk factors for the reaction.

Thirty-four cases in which jaundice developed within eight weeks of treatment with co-amoxiclav were identified from reports to the Adverse Reactions Advisory Committee. Each was compared with four controls who had been treated uneventfully, selected randomly from the reporting doctors' lists.

The only significant differences between the groups was a higher proportion of men, older age and a history of serious illness among those who had developed jaundice.

Compared with people aged under 30, the relative risk in 30-55-year-olds was 5.8 and in those over 55 it was 19.2. Men were two to three times more likely than women to have jaundice. However, when age and sex were controlled, the association with past illness disappeared. No other risk factors, including penicillin allergy, alcohol intake or previous treatment with co-amoxiclav, were significant. *Medical Journal of Australia* 1995; 162:638-9

Combined HRT breast cancer

Most of the evidence on the association of hormone replacement therapy with breast cancer is based on studies of oestrogen monotherapy; the effects of adding a progestogen are unclear.

Now two studies with differing methodologies have presented contrasting conclusions about the possible risk of breast cancer with combined HRT.

A cancer surveillance system in Washington State, US, was used to identify women with breast cancer and compare their use of HRT with a group of controls.

Among the 537 women with cancer, 57.6 per cent reported use of HRT, compared with 61 per cent of controls. Compared with women who had never used HRT, those who had used oestrogen monotherapy or combined HRT were at lower risk of cancer (relative odds = 0.9). Women who had used combined HRT for at least eight years had a lower risk of breast cancer (RO = 0.4) – women with 20 years' use of oestrogen monotherapy were not at increased risk.

These figures were unchanged when known risk factors were taken into account. However, women who had undergone hysterectomy or bilateral oophorectomy were more likely to have developed breast cancer (RO = 19).

The second study was a follow-up to the Nurses'

Health Study of 121,700 nurses in the US which began in 1976. During 725,550 person-years of follow-up, 1,935 cases of breast cancer were identified among postmenopausal women. The use of combined HRT was initially rare, but increased to 18 per cent by 1986 and 30 per cent by 1990.

Between 1978 and 1992, the risk of breast cancer among HRT users increased significantly. With oestrogen monotherapy, the relative risk was 1.32; with combined HRT, 1.41; and with progestogens alone, 2.24. These risks were not significantly different from one another. Looking at duration of use, the risk of breast cancer was significantly increased only among women who had used HRT for more than five years and were still doing so. There was also evidence of an increasing risk with age. Overall, death from breast cancer was more common among long-term HRT users, with a relative risk of 1.45.

This shows that including a progestogen in HRT does not significantly increase the risk of breast cancer. However, it does suggest that the risk is slightly increased after long-term use of HRT and that older women are at greater risk.

New England Journal of Medicine 1995;332:1589-93
Journal of the American Medical Association 1995;274:137-42

Hypnotics indicate ill health in elderly

Poor sleep and the use of hypnotics appear to be markers for ill health in the elderly, according to a survey from Sweden. Ten thousand members of the Swedish Pensioners' Association were sent a questionnaire covering aspects of general health, body weight, occurrence of disease, behaviour, sleep and use of hypnotics. Six thousand were returned, of which 40 per cent were from men.

Approximately 80 per cent of respondents said they were healthy, but 14 per cent of men and 28 per cent of women reported poor sleep. Of these, hypnotics were used by most men and 79 per cent of women, with one-fifth taking a dose every night. Use of hypnotics increased with age from 8 per cent in men and 15 per cent in women in the under-70s to 22 and 35 per cent respectively in the over-80s. About half of users reported that they believed drugs gave them a good night's sleep.

Among men and women who slept well but still used hypnotics, angina and cardiac arrhythmias were significantly more common than among non-users. Hypnotic use was

also more likely among people whose health had deteriorated over the last five years, and those aged over 70 who suffered painful conditions were twice as likely to take hypnotics compared with the group as a whole. By contrast, there was no association between hypnotic use and asthma or diabetes. Surprisingly, using a hypnotic every night was equally common in people with good and bad health who reported poor sleep.

The study appears to suggest that poor sleep and use of hypnotics therefore appear to be associated with ill health in some elderly people.

Given the desire to reduce consumption of hypnotics and the risks they pose to the elderly, the use of hypnotics – especially their intermittent use – may be a useful marker for unsatisfactory treatment of an underlying disease.

Journal of Internal Medicine 1995;238:65-70

Research Digest is a regular series, written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

Empowerment training for people with diabetes

Education of people with diabetes needs to move beyond knowledge improvement and metabolic control to empowerment, say Michigan physicians in a study of a new approach to self-care in diabetes.

There is already a strong emphasis on giving people with diabetes enough knowledge so that they can assume responsibility for their care, but empowerment goes one step further – enabling them to decide for themselves what their treatment goals will be in the context of their other needs. The role for education is then to provide knowledge so that their choices are informed –

for example, they must know the consequences of poor glycaemic control, but decisions about management are theirs.

This liberal approach to care has been evaluated in a randomised controlled study in 64 people with diabetes. Half the group entered a six-week programme which taught them how to set and achieve treatment goals, develop coping strategies and manage stress. Quality of care was assessed by questionnaire and glucose control by glycated haemoglobin level.

Compared with controls, those who had undergone training scored significantly

higher on assessments of goal-setting, stress management, obtaining support and decision-making, though not on self-motivation or emotional coping. Attitudes to living with diabetes remained similar within the two groups, with the exception that negative attitudes were less marked and there was a better understanding of the impact of diabetes on the quality of life after participation in the programme.

Perhaps the most important outcome from the medical perspective was glycated haemoglobin, which showed a significantly greater improvement after

empowerment training, compared with controls.

Traditionally, medical interventions do not allow people to make their own decisions about their care. This paternalistic approach is particularly inappropriate in the management of chronic conditions, when affected people should share the freedom to choose that others take for granted.

Although it was conducted in a group of well-educated, highly-motivated people, this study demonstrates that a liberal approach can meet this objective and achieve a successful medical outcome as well.

Diabetes Care 1995;18:943-8

A little something extra?

Crookes should offer a free knife with every outer of GSL Nurofen. This could be used either to stab pharmacists in the back, or allow them to cut their own throats if they need any more help.

Time yet again to put pressure on the other Crookes' pharmacy products – will we ever learn! What value our protocols for selling medicines now?

George Blacklaw
Aberdeen

An open letter to Crookes

I am both dismayed and appalled at your letter of August 2.

Crookes Healthcare has, over the last few years, earned the respect of pharmacists like myself by the support given to our profession in a number of ways, but it appears that commercialism still takes precedence over professionalism and my growing respect for your company has now been wiped out at a stroke.

I am particularly sad to be writing this letter, since your company is fortunate enough to have an outstanding representative on this territory, who is always a welcome face in our pharmacy. Your proposed course of action has let him down very badly.

I find the platitudes expressed in your letter quite hypocritical. My simple mind fails to understand the argument that this is regarded as a trial size to attract customers who have not yet used the product. These people, as first-time users, are those who are most in need of advice and counselling.

Perhaps a quotation from the Gospel of St Matthew (chapter 15, verse 8) might well be directed towards your company: "This people draweth nigh unto me with their mouth, and honouresth me with their lips; but their heart is far from me."

R P Marr
Dundee

Double dealing never on Roche's agenda

I have been alerted by colleagues in the Roche Consumer Health division about concerns of 'double dealing' by Roche over the supply of malarial chemoprophylaxis products.

To give some background – in February, the Government

amended the NHS (GMS) regulations (SI 1995 No 80), allowing GPs to charge a fee for "prescribing or providing drugs for malaria chemoprophylaxis".

This change was made without any consultation with either the medical profession or the pharmaceutical industry. It has been suggested indirectly that this, in effect, precludes GPs from prescribing anti-malarials on an FP10.

It is understood that the word "providing" in the statutory instrument means that all GPs can provide anti-malarials directly to their patients. Without any encouragement from Roche, we believe this started as a practice shortly after the implementation of the legislation and was, allegedly, driven by those wholesalers who deal directly with GPs.

The NHS Executive has confirmed that the change to the statutory instrument means that providing a GP with the right to charge a fee automatically removes the ability to prescribe these drugs on the NHS.

Since the introduction of the above legislation and the ensuing confusion over what it actually means to prescribers, Roche has not been encouraging GPs to choose to write private prescriptions of Lariam (mefloquine) as opposed to FP10 prescriptions, which is no longer possible by GPs.

Apart from dispensing practices, Roche has not directly supplied any GPs with Lariam and will not be doing so in the future.

Roche is not making a commercial gain from the changes relating to anti-malarials: sales of Lariam are in decline since the changes were introduced.

Roche would not seek to undermine the important role played by the community pharmacist in providing information on travel medicine to patients; but, as a POM, Lariam has to be prescribed by the GP.

So, reciprocally, we would hope that this would be acknowledged and that those travellers who are visiting a country where Lariam is indicated are referred to a GP and not supplied with an over the counter alternative.

I have written to Mr Brown (C&D July 8, p50) who feels my explanation has exonerated the company.

Keith Bushnell

Pharmaceutical prescription
business director
Roche Products

Move to 28-day packs long overdue

With the introduction of original pack dispensing, it really is time for the standardisation of all calendar packs to 28 days.

There is absolutely no sense in prolonging a situation in which patients are given 30-day calendar packs containing two odd days' treatment.

These packs are confusing to patients, in particular the elderly.

Furthermore, in situations where patients are prescribed a 30-day pack and a 28-day pack simultaneously, two days' treatment each month will be wasted, with the consequent unnecessary waste of money to the NHS and the taxpayer.

Standardisation is long overdue and this is the ideal time for the introduction of a measure which can only be of benefit to patients and the NHS alike.

S I Gerstle
London E18

Nytol: convenience not strength

With the launch of Nytol One-A-Night this week, I write to correct some errors that appeared in *Xrayser* (C&D July 22).

The licensed dosage of Nytol (diphenhydramine hydrochloride) as an aid to the relief of temporary sleeplessness is 50mg, 20 minutes before bedtime. This can be provided by two tablets of Nytol 25mg or, now, with the introduction of Nytol One-A-Night, by one 50mg tablet.

In launching Nytol One-A-Night, we are endeavouring to provide those consumers who would prefer a single tablet dose and blister packaging a choice of product. At no time has it been our intention to encourage inappropriate or excessive use of Nytol. The launch of Nytol One-A-Night is on a 'convenience' platform and not 'strength' marketing as suggested by *Xrayser*.

Since the launch of Nytol in 1993, many genuine sufferers have found relief from their temporary sleeplessness by having access to an effective over the counter medication. We aim to continue to deliver quality products, with ethical advertising and educational support items for consumer and pharmacist alike.

Gill Dodge
Medical marketing manager,
Stafford-Miller

Product Information: Nurofen:

Each tablet contains 200mg Ibuprofen B.P.

Indications: Effective in the relief of

headaches, cold and 'flu symptoms, rheumat

and muscular pain, backache, fever, migrain

period pain, dental pain and neuralgia.

Dosage and Administration: Adults and childre

over 12 years: Initial dose 2 tablets, then if

necessary 1 or 2 tablets every 4 hours. Do no

exceed 6 tablets in any 24 hours.

Precautions and Warnings: As with some othe

pain relievers, Nurofen should not be taken by

patients with stomach ulcer or other stomach

disorder or hypersensitivity to ibuprofen.

Patients receiving regular medication,

asthmatics, anyone allergic to aspirin, and

pregnant women should be advised to consul

their doctor before taking Nurofen. In normal

use, side effects are very rare, but may

occasionally include dyspepsia,

gastrointestinal intolerance and bleeding,

and skin rashes. Not recommended for children

under 12. If symptoms persist for more than

3 days patients should consult their doctor.

Product Licence Number: 0327/0004.

Licence Holder: Crookes Healthcare Limited,

Nottingham, NG2 3AA. Legal Category: P

Price: Nurofen 12's £1.35, 24's £2.49,

48's £4.49, 96's £7.59. Date: June 1995.

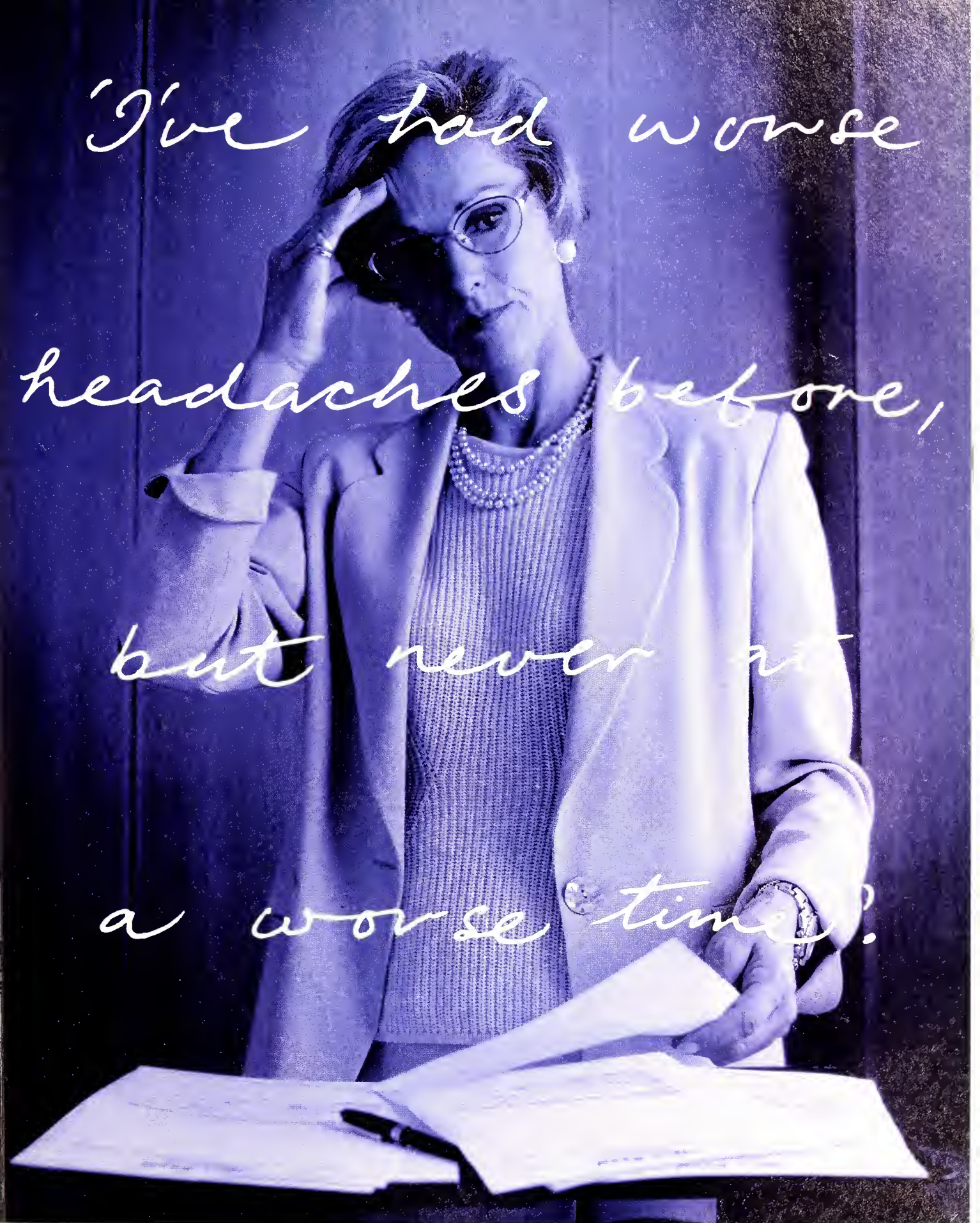
References: 1. Noyelle, R.M., et al, Pharm. J.,

1987, 238, 561. 2. Busson, M., J. Int. Med.

Res. 1986, 14, 53.

NUROFEN

Contains ibuprofen



*I've had worse
headaches before,
but never at
a worse time?*

'TAKE NUROFEN'

Nurofen gives you an excellent recommendation for the relief of a full range of OTC pain indications. It has been shown to provide faster, more effective relief of headaches than either paracetamol or aspirin¹. Also, it's as well tolerated as paracetamol and gentler on the stomach than aspirin².

WHATEVER THE PAIN, YOU'VE GOT A NUROFEN ANSWER



Mind **over** MATTER

Are business gurus who preach holistic management techniques impractical dreamers or do they have something more concrete to offer?

Terry Maguire finds out

I was sceptical about how much value I could get out of MindStore, the positive management philosophy, after attending one of its courses and reading creator Jack Black's book. I thought Mr Black's presentation was evangelical and illogical, and his theories very simplistic.

On reflection, though, his concepts are borrowed from received wisdom and make sense. Possibly many of us choose to ignore them because we are 'left-brain thinkers' and, as a result, 'negative' in MindStore terminology.

Creative thinking

It is accepted that the left lobe of the cerebral cortex is involved with logical thinking, whereas the right cortex is associated with more lateral, creative thinking. MindStore argues that it is the right brain that has given society all its major advances.

It resulted in Kerkule visualising the benzene ring structure in a dream; it happened to Archimedes in the bath when he screamed Eureka! It is the flash of insight from the right brain that allows us to see things that have not been seen before.

Then we need to use our logical minds to work towards making that dream a reality and, of course, we need plenty of energy.

But, according to MindStore, we have lost the ability to make use of the right side of our brains, because we have been programmed by the educational system to be logical left-brain thinkers.

The meditation techniques devised by MindStore are said to provide easier access to the brain's right side. Its programme



offers a number of methods designed to aid improved performance, which can apply to education, relationships, work and, particularly, business.

Most of the concepts that make up MindStore have been around for years, especially in the US where motivational management was born. However, the techniques Mr Black has developed are novel and offer a challenge to those of us who seem to be struggling through life from one crisis to another, consumed and controlled by stress.

MindStore is available as a

two-day course and is published in book form. The programme claims that to be successful you need two things – right brain thinking and energy.

It is commonly understood that all successful people have abundant energy. Poor diet, negative thoughts and stress (of the harmful 'distressful' kind) all sap energy.

One example of the use of the MindStore in improving performance might be in its emphasis on goal-setting. Business planning and target-setting have always been considered a part of

It happened to Archimedes in the bath when he screamed Eureka! It is the flash of insight from the right brain that allows us to see things that have not been seen before

good business management.

Mr Black argues that since most business plans must be achievable and realistic, we are limiting our creativity and selling ourselves short. He uses examples of people who have succeeded by being true to their dreams. John F Kennedy had a dream "to land a man on the moon and return him safely to earth before the end of the decade".

That dream was realised by applying left-brain logic to develop the necessary technology that had not even been thought of in 1960.

Beyond the possible

In essence, MindStore suggests that you need to dream beyond what is logically possible given your current circumstances, but you also need the energy and a lot of left-brain logic to drive you towards realising that dream. However, MindStore then goes even further. It suggests that by having the dream, and staying true to it, things change and opportunities arise to make it attainable.

MindStore is very different from other business management courses, but it does raise many interesting challenges and greater awareness of what we are doing and why. However, the techniques cannot be perfected by the end of a two-day course and it will take time to put them into practice.

MindStore can be contacted at: MindStore House, 36 Speers Wharf, Port Dundas, Glasgow G4 9TB. Tel: 0141 772 2281.



This second module looks at the most common types of aches and pains for which customers will seek advice. It covers the main ingredients of both oral and topical analgesics, what precautions should be given and when they should be avoided.

In this month's Pharmacist's Briefing reference icons are used as follows:



Refer to pharmacist



Treatment



Advice



Refer to doctor or specialist



Refer to BNF

A similar set of icons is used in the assistants' module.



Assistants are advised to refer to the pharmacist:

- **Pain which persists for more than a week; pain which occurs for no particular reason; very severe pain** (refer to a GP).

- **Pain in young children.** Children under 12 should not be given aspirin. Ibuprofen is not recommended for children under

one year. Children under three months should be given paracetamol only on a doctor's advice. Codeine is generally not recommended for children and should be avoided in those under one year. Topical analgesics are not generally recommended for children (check packs for age recommendations).

- **Chest pain.** Suspect angina if this is made worse or precipitated by exercise; angina pain often radiates to the arm or jaw. Refer to GP.

- **If the customer is pregnant or breastfeeding.** Aspirin and ibuprofen are best avoided in pregnancy. Ibuprofen and paracetamol are excreted in insignificant amounts in breast milk. Aspirin is not recommended for nursing mothers because of the risk of Reye's syndrome in the baby.

- **If the customer is asthmatic.** Aspirin and ibuprofen should be avoided.

- **If the customer has liver or kidney problems.** Liver disease increases the risk of gastric bleeding with aspirin and ibuprofen. Avoid large doses of paracetamol. NSAIDs can cause fluid retention.

Ibuprofen could cause a deterioration of renal function in kidney disease. Aspirin should be avoided in severe renal impairment. Refer to GP if in any doubt.

This is the second in a series of modules designed to accompany the Cambridge Counterpart Pharmacy Assistant Development Programme. The Programme, provided free to C&D subscribers, aims to help medicines counter assistants to reach the standard of knowledge that will be required of them by the Royal Pharmaceutical Society by July 1996.

This back-up for pharmacists will enable you to keep one step ahead, so that you will know at what stage assistants are being advised to refer to you and the possible courses of action you might take.

- **If the customer is taking other medicines on prescription** In particular, assistants are advised to check if these prescription medicines contain analgesics because customers might unknowingly exceed the maximum daily dose.



Interactions (for more detail see BNF)

Aspirin interacts with acetazolamide, anticoagulants, antiepileptics (enhanced effect of phenytoin and valproate), corticosteroids (increased risk of GI bleeding), methotrexate, mifepristone (avoid aspirin until 8-12 days afterwards), antagonism of spironolactone, probenecid and sulphapyrazone.

Ibuprofen interacts with lithium (raised lithium levels); increased risk of convulsions with 4-quinolones; possible enhanced effect of warfarin.

Paracetamol may enhance the effect of warfarin with prolonged use.



- **If a customer requests unusually large amounts of analgesics or seems to be buying them**

too frequently There is a possibility of misuse or an underlying condition which needs referral to a GP.

HEADACHE

1. Tension headache

This is often described as a tight band round the head and a dull ache which lasts all day.



Treatment: simple analgesics or a specific remedy for tension headache.



Suggest methods of reducing stress and muscular tension eg a relaxing bath, massage.

2. Migraine

Migraine has several features which distinguish it from other headaches: the pain is throbbing or pounding, it usually starts down one side of the head, there may be vomiting, and the patient is photophobic. Various triggers (certain foods, lack of food, stress, etc) may provoke the attack, and sufferers may experience an aura (flashing lights, yawning, etc) beforehand.



Treatment: simple analgesics or specific OTC migraine preparations, taken early in the attack before gastric stasis or vomiting occurs.



Isometheptene (in Midrid) is contra-indicated in porphyria, glaucoma, severe cardiac, liver and kidney disease, severe hypertension, pregnancy and breast-feeding. It should be used with care in diabetes and hyperthyroidism. Interactions are as for sympathomimetics.



Assistants are recommended to refer to the pharmacist:

- If migraine attacks severely affect a person's work or social life; if OTC preparations do not have much effect.



The patient should be referred to a GP for prophylaxis or other prescription medication such as sumatriptan.

Prophylaxis is usually given if the patient has more than two migraine attacks per month.

Women who experience migraine around the time of menstruation might benefit from hormone treatment. Migraine might also be made worse by the contraceptive pill or hormone replacement therapy, in which case refer to a GP.

3. Sinusitis

The nose may be tender at the sides, just below the eyes, and there may be headache and pain behind the eyes. The pain results from the sinuses becoming blocked and inflamed after an infection.



Treatment: an analgesic with a decongestant.



Assistants are advised to refer to the pharmacist:

- **Headaches which are worse in the morning but improve during the day.** Refer to a GP as this might indicate raised intracranial pressure. People who take analgesics daily may suffer from drug-induced headache in the morning when blood levels are low.
- **Customers taking prescribed medicines which might be causing the headache.** Some drugs may cause headache as a side effect or as a result of an interaction causing increased blood pressure (as with MAOIs). Women taking oral contraceptives who experience migraine-like headaches for the first time or whose existing migraine worsens, should be referred immediately (possible thrombosis).
- **Sudden, severe headache.** A sudden severe pain at the back of the head might indicate subarachnoid haemorrhage and needs urgent referral.
- **If the headache is accompanied by neck stiffness, drowsiness or persistent vomiting.** Refer to a GP.
- **Headaches which follow a recent head injury.** Refer to a GP as this may indicate bleeding. Persistent vomiting is also a sign of raised intracranial pressure. Elderly people sometimes experience headache a few days after a fall; again, this may be due to slow bleeding.

- **Headaches or migraine in women which occur just before or in the first couple of days of menstruation.** Refer to a GP for possible hormone treatment.

- **An elderly person with severe headache in the temples and who generally feels unwell.** This could indicate an inflammation of the arteries in the temples (temporal arteritis) and should be referred immediately. It could lead to blindness.

- **Headache in children under 12.** Refer to a GP if there is unsteadiness, fits or visual disturbances, or the child is feverish and listless. Neck stiffness or photophobia might indicate meningitis. Children with migraine or tension headaches might benefit from GP referral. See also under general pain above.



Headache can have a simple or a serious cause. Always refer to a GP if you have any professional concern.

PERIOD PAIN

An ache or cramping pain felt low in the abdomen during menstruation. There may also be pain in the back and thighs.



Treatment: analgesics which inhibit prostaglandins, such as aspirin and, especially, ibuprofen. If the

periods are regular it may be helpful to start taking these analgesics a couple of days before the period starts.



Assistants are advised to refer to the pharmacist:

- **If the woman is taking prescription medicines.**



Hyoscine, present in some OTC remedies, must not be given to women with glaucoma or urinary retention. It increases the antimuscarinic effects of several other drugs – see BNF.

- **If the symptoms are still troublesome despite OTC treatments.** There may be a case for hormone or other specialist treatments – refer to the GP.

- **Older women who start suffering from period pain; pain which occurs for up to a week before the period or at other times of the month as well.** Refer to a GP as this might indicate underlying disease such as endometriosis or pelvic inflammatory disease.

- **If there is abnormal discharge or bleeding.** Refer to a GP.



Always refer to a GP if you have any professional concern.

JOINT AND MUSCLE PAIN



Treatment: if the injury has just happened, follow the RICE plan: Rest (for 24 hours if possible), Ice (cool the

injury for at least half an hour to reduce bleeding and swelling), Compression (with a supporting bandage) and Elevation.

Cooling preparations can ease the pain of a recent injury. Topical analgesics which dilate the blood vessels must not be used until the risk of bleeding has passed (after about 48 hours).

Topical non-steroidal anti-inflammatory agents help to reduce the inflammation as well as relieving pain. If the pain is severe, the customer may also wish to take oral analgesics; aspirin should be avoided if there is bleeding.



Assistants are advised to refer to the pharmacist:

- **If the joint is too painful to move or take the customer's weight; if the swelling and pain have not lessened after 24 hours.**



This could indicate a fracture and the patient should be referred to a GP or casualty department. A fracture is more likely if it is an elderly person who has fallen, particularly a woman who might be suffering from osteoporosis. Severe bruising could also indicate a fracture.

- **If joint pain and tenderness persist, particularly if there is morning stiffness.**



Refer to a GP as this might be a sign of arthritis.

BACKACHE



Treatment: direct heat, topical and oral analgesics.



Assistants are advised to refer to the pharmacist:

- **Severe pain of unknown cause or sudden onset; pain that makes movement difficult.** Refer to a GP.

- **Pain and/or tingling that passes down into one or both legs.** This could indicate a slipped disc pressing on the sciatic nerve and should be referred.

- **If there are urinary problems.** This could indicate kidney problems. Refer to GP.



Always refer to a GP if you have any professional concern.

TOOTHACHE



A simple analgesic or toothache tincture may be recommended and the customer advised to see a dentist if the

pain persists. For pain following extraction, paracetamol or ibuprofen is better than aspirin which delays blood clotting.

EARACHE AND STOMACH PAIN

Will be covered in future modules.

ANALGESIC INGREDIENTS

Some other points made about analgesics:

Aspirin

Analgesic, anti-pyretic and anti-inflammatory.

It should be avoided by people with stomach ulcers or 'sensitive' stomachs. The risk of gastric irritation may be reduced by taking it with food, or using soluble or effervescent preparations. Alcohol increases the irritant effect.

Maximum daily dose 3600mg (twelve 300mg tablets), but it is safer to recommend taking up to eight 300mg tablets daily.

Paracetamol

Analgesic and anti-pyretic.

The risks of liver damage with overdose are stressed.

Maximum dose 4g daily. In healthy people paracetamol starts to be toxic at a single dose of about 10g or 20 tablets. It overwhelms the liver at about 20g or 40 tablets (20 times the maximum recommended dose).

Ibuprofen

Analgesic, anti-pyretic and anti-inflammatory.

Should be avoided by those with stomach ulcers or other stomach disorders, and people sensitive to aspirin.

Maximum daily dose 1,200mg.

AAH tackles consumers

AAH is hoping to pull older customers into pharmacies with the launch of a consumer version of its mobility aids catalogue.

Copies of the new catalogue will be rolled out to pharmacies in the first week of September. This will be supported by point of sale material.

A hotline has been established at AAH Pharmaceuticals in Warrington to help consumers get in touch with their nearest stockist. The number is 0345 808090. Consumers can order products from

the catalogue while in the pharmacy or buy a copy for 50p. Orders can be rung through to the pharmacy and if items are not held in stock, they will be delivered by AAH to the outlet in 48 hours.

Sales and marketing manager David Watkinson sees independent pharmacies as "ideally placed" to offer this kind of service. "We see the home healthcare sector as being vital in the independent's fight to survive. As part of their personal caring ser-

vice they will spend time with patients explaining how a wheelchair works or why it is important for a walking stick to be tailored to a person's individual height. It is only the independent pharmacist who can provide consumers with this level of personal service," he says.

The catalogue, which has an initial print run of 100,000, has the support of the Association of Retired Persons/050s. The Association is sending 5,000 copies to members.

Sales fall in July

After a stagnant June, pharmacies saw sales fall slightly in July, leaving trade just below average for the time of year, says the Confederation of British Industry's latest Distributive Trades survey.

Maternity costs

Pharmacy owners may not be able to afford to employ women full-time if social security secretary Peter Lilley gets his way. He is proposing changes to maternity benefits which will switch the cost from the State to employers. The changes will be negotiated after the parliamentary summer break.

Child-resistant packs

An industry group, comprising manufacturers of reclosable pharmaceutical containers, has published research which concludes that blister packs are not inherently child-resistant. The Child-Safe Packaging Group had commissioned an assessment of blister packs by Burford Research Consultants, the UK's only accredited testing house for child-resistant containers. The group intends ensuring that within the patient pack initiative, blister-packed products will be tested for child-resistance to the same extent as products packed in reclosable containers.

Trinity buys Lagap to boost market share

Lagap, one of the UK's largest independent generics companies, has been acquired by South African-owned Trinity Pharmaceutical Group.

Trinity hopes that Lagap's 100-plus product portfolio will give it the necessary critical mass to penetrate the European market. Trinity currently has five of its own-brand products on the market and 20 generics under the Lennon name. Additionally, it is fostering four Pfizer products.

Steve Stocks, managing direc-

tor of Trinity, says: "The acquisition of Lagap, when added to our existing Lennon business, gives us a major presence within the UK generics market."

He says Trinity will take advantage of Lagap's distribution and customer base in order to increase market share. The strengthened product range will provide a strong platform for new products, which are due to be launched soon.

The two businesses will be kept "at arm's length" - Lagap

managing director John Davies and his team will continue to run the company.

Trinity is the UK arm of South African Druggists, which has annual sales of \$400 million. The Lagap acquisition represents the first in a line of planned generic and branded purchases for the company.

Chairman Ian Black says: "We are currently in discussion with several European companies which are keen to forge strategic alliances with us."

Nivea builds Smith & Nephew sales

Simple and Nivea skin care sales have contributed strongly to the growth of Smith & Nephew's consumer health business in the UK.

The consumer division, which boasts major brands, such as Dr Whites, Li-Hets and Elastoplast, generated £10 million profit in the six months to July.

The UK market - which spawned sales of \$90.9m, an increase of 13 per cent - was one of strongest in Europe.

Overall sales, which were propelled by volume growth rather than price increases, rose 8 per cent to \$503m.

Pre-tax profits increased to \$73.1m, compared to losses of \$65.8m for the same period last year. Operating margins have been maintained at 17.2 per cent, in spite of rising material costs.

The bulk of company's sales came from the healthcare division. Sales of wound management products generated a 12 per cent increase in sales to \$86.1m, bolstered by the launch of number of new products, including Allevyn Adhesive for chronic wound management.

In the last year, the group has been on the acquisition trail. It spent \$32m this year on rehabili-



John Robinson: sell-off denial

tation company Homecraft from American Home Products, and Italian hosiery manufacturer Basel. US medical gloves business Perry was sold off for \$33m, and in October it acquired the Coal Tar soap brand from London International for \$2.1m. The most recent acquisition was surgical instrument manufacturer Acufex, which was purchased in July for \$90m.

Chief executive John Robinson denied there has been an approach from Johnson & Johnson or any other company wishing to buy the group. The share price fell 5p to 190p following the announcement.

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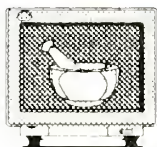
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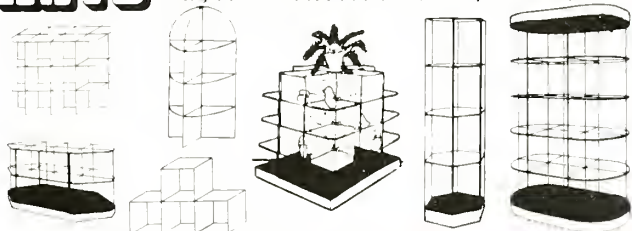
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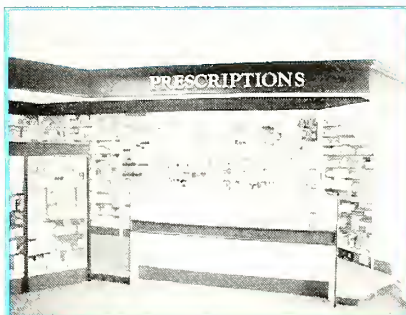
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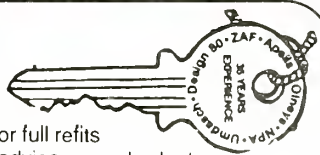
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ABOUT people

Pharmacist jumps on the bandwagon

Prince Philip may be a dab hand at carriage driving, but pharmacist Georgina Frith has beaten him every time this year in the process winning a place in the European championships.

Georgina, a third-generation pharmacist at Frith Bros pharmacy in Wallington, Surrey, has already won the national competition and is looking forward to joining her two British team mates at the European Pony Teams Championships at Breda in the Netherlands at the end of September.

The three-day event is made up of three disciplines: dressage;

marathon, which tests endurance and speed; and cone driving, which tests accuracy.

"I'm feeling fairly nervous because the foreign competitors are stronger than the British, but it will be quite an achievement to do it," says Georgina.

Prince Philip, who laid down the rules for the sport in 1969 and is today ranked third in the country, has already given her a few tips for the competition.

The national circuit runs from May to September and she has competed in seven four-day events this year. She even has an HGV licence, which means she

can drive the ponies and carriage to the various competitions in a 14-metre truck.

When Georgina is not competing she has her hands full with the daily chores of feeding, cleaning and exercising her seven ponies, which she fits in before and after work.

She became interested in the sport through her pharmacist father, Michael, a past-chairman of Unichem, who founded a local harness club when she was a child. "I started competing at 16, but have grown up with ponies all my life," she says. Her mother, Patricia, is also a pharmacist.



Jayesh Manek: winning streak

Manek to top Fantasy Fund ... again?

With only a week left to the closing date of this year's *The Sunday Times* Fantasy Fund competition, pharmacist Jayesh Manek looks set to win for the second year running.

Following his clear-up in 1994, which earned him the title of Manager of the Year and the first prize jackpot of \$100,000, the newspaper changed the rules to avoid the competition being dominated by one person. However, Mr Manek has proved his worth again by occupying seven slots in last Sunday's Top Ten Managers list and 48 in the Top 100.

Mr Manek, who owns the Dallas chain of pharmacies in Ruislip, Middlesex, says the revised competition has been much more challenging. "It's still too early to tell and things could change in the market, but I stand a fairly good chance of winning," he says.

The winner will be announced in *The Sunday Times* published on August 27.

Krajina refugee appeal

A Leicester pharmacist is helping a local charity with its appeal for medical supplies for the Krajina refugees in former Yugoslavia.

Ketan Patel of Ethel Road Pharmacy agreed to use his outlet as a collection point for medicines and dressings when he was approached by his dispensing technician, Julie Petko, who is treasurer of the Krajina Refugees Appeal Fund.

The charity, which links up with the Red Cross, was granted a medicines export licence from the UN for humanitarian aid. Leicester City Council is providing a lorry to take the supplies to the troubled region.

Anyone interested in donating medicines to the charity appeal should contact Mr Patel or Ms Petko at the pharmacy on 0116 273 4302.



Pharmacy assistant Sonia Bagga (second right), from S K Bagga Dispensing Chemist in East Ham, London, has just bagged the National Pharmaceutical Association's Student of the Month award, together with a £20 gift voucher courtesy of sponsor Marion Merrell Dow. Sonia, who is working at her uncle's pharmacy during her year out, will be starting a pharmacy degree at the London School of Pharmacy this autumn. The presentation was attended by (left to right) NPA head of training Ailsa Benson, pharmacy proprietor Shiv Bagga and Marion Merrell Dow representative Nick Godfrey

Glyn Jones Award

The College of Pharmacy Practice is inviting pharmacists to apply for the 1995 Glyn Jones Award.

The award, which is worth up to \$1,000, is open to all pharmacists carrying out community practice research projects and provides financial assistance towards travel and necessary materials.

Applicants should have clearly stated objectives, a sound method of investigation and an end product which is of practical use.

The closing date for applications is October 31. Further details are available from Jill Ross on 01203 692400.

● The CPP's London Study Group is holding a meeting on September 7 in the Board Room, Middlesex Hospital, London, at 6.30pm. Hospital pharmacist Roman Landowski will give a talk on cardiology. Further details from Nick Hooker on 0171 387 9300.

Don't be shy!

If you have an unusual hobby or interest, don't keep it to yourself. *Chemist & Druggist* would like to hear from anyone (or anyone who knows anyone!) who fits the bill. We also want to hear about funny anecdotes in the pharmacy, famous visitors, any sponsored events or any other human interest stories.

Pick up the phone and speak to Fawz Farhan on 01732 364422 ext 2463.

Cymru class of '70

Did you start your pharmacy degree at the Welsh School of Pharmacy in 1970? If so, here is a chance catch up on old times.

The Cardiff 25 years' reunion dinner is being held at the Staff Dining Club, Joint Students Union, 58 Park Place, Cardiff, at 7.30pm on September 30.

Interested parties should contact Janice Fuller on 01223 863318 or Peggy Baker on 01222 521336.

IMPORTANT ANNOUNCEMENT.

FOLIC ACID

Some pharmacists may not be aware of the recently published decision of the Council of the Royal Pharmaceutical Society of Great Britain which adopted the recommendation of the Law and Ethics Policy Committee.

A pharmacist who receives a prescription for a product which is available both as a licenced medicinal product and as a food supplement, should dispense

the licenced product in preference to the food supplement.



The only GSL licenced brand of 400mcg folic acid available for dispensing is Preconceive Folic Acid Tablets.

Further information on Preconceive is available from:

Dendron

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Fax: 01923 816806

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Reference: Pharmaceutical Journal 1995; 254:838



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AUGUST 1995

STAYING Healthy

A supplement to Chemist & Druggist

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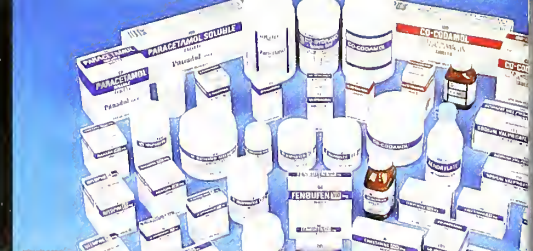
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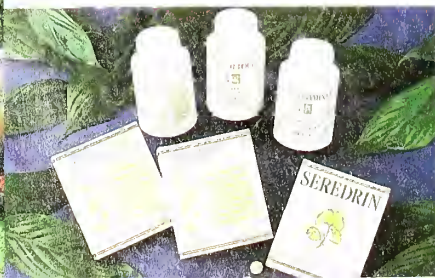
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A supplement to Chemist & Druggist

AUGUST 1995

4

VMS market report

The market for vitamins, minerals and supplements continues to expand. Manufacturers discuss trends in the market and what pharmacists can do to cash in.

7

Folic acid

The importance of folic acid supplements in preventing the birth of babies with spina bifida.



10

Licensing of herbal medicines

European legislation is leading to greater regulation in this area.



11

Healthy herbals

The herbal medicine market is showing substantial growth according to Mintel.

12

New face of Ferrosan

Anthony Blair, the new managing director of Ferrosan Healthcare, talks to C&D.

14

Meat free but full of beans

Vegetarians and vegans have special nutritional needs. Victoria Goldman reports.



Essential reading

The Handbook of Dietary Supplements by pharmacist Pam Mason is essential reading for anyone with an interest in vitamins, minerals and supplements.

It contains individual chapters on 54 separate supplements, detailing the constituents, daily human requirements, dietary sources and metabolism as well as describing symptoms of deficiency, contraindications and interactions. Information is presented in a formulary style for quick reference. An index of available products and a directory of manufacturers is also included.

The book is intended to help health professionals distinguish between scientifically accepted and controversial uses for supplements, recommend appropriate products and correct doses, identify individuals for whom specific supplements could be contraindicated, as well as identifying supplements which may interact with drugs and vice versa.

As dietary supplements can be self-selected it is important that pharmacists and customers are aware of the potential to interact with prescribed or OTC medication. For

example, patients with diabetes mellitus should not take chromium supplements unless medically supervised as chromium may reduce insulin requirements or potentiate the effects of oral hypoglycaemics. Evening primrose oil should be avoided by patients with epilepsy and those taking epileptogenic drugs like phenothiazines.

Dietary supplements profiled in the handbook include: Brewer's Yeast, Chlorella, Coenzyme Q, Evening Primrose Oil and selenium as well as vitamins A, Bs, C, D, E and K.

The Handbook of Dietary Supplements (264 pages, paperback), is published by Blackwell Science, priced £19.99.

Supplementary benefits for arthritis?

Arthritis is a crippling and disabling condition that affects around eight million people in the UK. Although a variety of ethical medicines are available to manage the condition, their effectiveness can vary considerably between individuals and many sufferers have looked to their diet as well as alternative therapies and supplements to complement their conventional medicines.

Arthritis Care, a voluntary organisation working with people with arthritis, has recently produced two special issues of Arthritis News which examine these areas.

It is generally accepted that fish oils can produce some improvement in joint pain and stiffness. Fish oil supplement must be taken daily for at least three to six months to have an effect and the benefits disappear once supplementation is stopped. Evening primrose oil also has anti-inflammatory effects, similar to those of fish oils. Extract of the New Zealand Green Lipped Mussel is said to help keep joints supple and flexible. However, further research needs to be carried out to establish the extent of its anti-inflammatory action and its placebo effect. Abnormalities in the body's metabolism of selenium have been reported in patients with rheumatoid arthritis, but oral administration of this trace element is of uncertain value and it has a narrow margin of safety. Copies of The Balanced Approach (a guide to drugs and complementary therapy) can be obtained by sending an A4 SAE with a 38p stamp to Department BA Arthritis Care, 18 Stephenson Way, London NW1 2HD. Copies of Food for Thought can be obtained by writing to Arthritis Care Publications, PO Box 7516, London NW1 2JQ.

VMS market full of life

The market for vitamins, minerals and supplements is a highly fragmented and dynamic market. It is now estimated to be worth in the region of £300 million, showing an annual growth in value of 10 per cent. We asked some of the major VMS manufacturers for their view of the market and how pharmacists can maintain and increase their share

Marketing director of Seven Seas Tom Hardman believes the VMS market has yet to mature. "It will be driven by increased penetration, which means attracting new users. At the moment, 70 per cent of the market is women – most of them over 35 – so there is considerable potential for growth."

Existing users of vitamins, minerals and supplements are also becoming more knowledgeable and trading up to higher strengths and combinations of single vitamins and supplements.

The standard multivitamins sector has matured and segmented as consumers have recognised their specific needs and moved towards niche products.

Seven Seas has responded to this trend by launching higher strength formulations such as the new Higher Strength Pulse and formulations for specific groups such as the new multivitamin for vegetarians and vegans.

The ageing UK population also offers opportunities to VMS suppliers as the ever-increasing consumer shift towards health protection is particularly marked in the over 50 age-group.

Accumulating scientific evidence endorsing the role of supplements is also fuelling growth in this sector. Heart maintenance

nutritional products, such as fish oils, garlic, antioxidants and vitamin E, is a sector which has shown a growth of 40 per cent.

Mr Hardman's biggest criticism of the VMS market is that there is far too much brand choice. He advises pharmacists to be more discerning and use their limited shelf space to the best effect.

"Supplements are considered health purchases and there is no doubt that health is an area where the public seek reassurance. The

pharmacy is the most trusted retail environment and it should stock reliable brands.

"We invest £9 million annually in marketing Seven Seas products. Pharmacists can exploit this by working with the sales force to display POS material and special offers to coincide with advertising campaigns."

Hitting the target ...

Sanatogen has just added Pronatal to its portfolio of tailor-made supplements, fuelling the current trend in vitamin and mineral products geared to suit particular lifestyles.

Sanatogen already has three other such products on the market: Children, Teen and Vegetarian. Group product manager Peter Durose stresses that although tailoring formulations is an important consideration, it is not the sole aim of the company.

"We want to produce the best formulations and target them appropriately. This will then drive the VMS market into new categories."

Mr Durose says tailor-made VMS make it easier for people to select appropriate products. "People do not understand this market and it is very hard, especially where there is no product licence, to know what to take. It can be confusing..."

Although the VMS market has remained fairly static over the years, Mr Durose believes there is still room for penetration. Only 29 per cent of the population take supplements, which is low compared to 40-50 per cent in the US. However, the VMS market is expected to rise gradually over the next few years alongside the growing tide of the over-50s, with their disposable income and health-conscious attitude.

Sanatogen Vegetarian was launched two years ago and is the company's fastest growing

product, currently occupying a 5 per cent share of the total multivitamin market.

Solution selling

"The move towards self-care and a healthier lifestyle is a sociological trend that is affecting all markets, not just VMS," comments Anthony Bush, managing director of Ferrosan Healthcare. "The importance of nutrition on one's well-being and the place of supplementation is being recognised."

Within the vitamin sector multivitamins have shown some decrease in popularity, whereas single vitamins and supplements are showing growth.

Mr Bush explains: "Multivitamins are often the entry point into the market. Then, as users become more knowledgeable, they progress to create their own individual portfolio of vitamins and supplements".

At the moment women – especially older women – are the main users of VMS products but this is gradually changing. According to Mr Bush, trace minerals are 'very undervalued' because the public is unaware of what they can be used for.

"A lot of research is being carried out on trace minerals at the moment, some investigating their role in psychiatric illnesses". He believes this is an area that will show significant development over the next few years.

Education and information are the best way to overcome any consumer confusion about vitamins, minerals and supplements, believes Mr Bush. Therefore Ferrosan produces a wide range of consumer leaflets which are available to pharmacies, as well as a training video for pharmacy staff.

The company encourages pharmacists to practise 'solution selling' – offering nutritional



Healthcrafts' educational material

solutions to a range of customer needs. Themes include stress, beauty, circulation and women's health.

Mr Bush believes such promotions give customers a better understanding of healthy living and are an interesting way to support a variety of products.

Heading up vitamin C

Redoxon is not only the brand leader in the vitamin C market, taking a 36 per cent share, but Roche claims it is also the fastest growing brand, up 37 per cent



Roche's Starflower Oil holds 20 per cent of the GLA market

during the past 12 months. Roche product manager Louise Walters says this is a result of the heavy marketing support aimed at independent pharmacies.

Although vitamin C is taken all year round, the seasonal peak occurs in the autumn and winter months. This year, Roche's marketing activity will include new promotional material and a new booklet on anti-oxidants to support Redoxon Protector.

Roche's Starflower Oil has a 20 per cent share of the £35 million gamma linolenic acid market and is being supported by pharmacy training seminars and POS.

"The main thrust [of the education programme] is helping pharmacists to understand what starflower is," says Ms Walters.

A novel approach

Since setting up in the UK five years ago, Pharma Nord has seen sales double or triple every year. But what makes this unusual is that the company has a policy of employing no sales staff, preferring instead to sell on quality and reputation.

Bio-quinone Q10 is the company's best selling product, accounting for 70 per cent of the total world production of co-enzyme Q10.

Pharma Nord managing director Bent Henriksen puts the company's success down to its pharmaceutical approach to marketing its products. "The products are not the cheapest but are the best for value for money and are all backed scientifically."

Pharma Nord has 14 vitamin and mineral products but its total market share in the VMS market is still small. Its products are stocked by around 30 per cent of pharmacies.

However, Mr Henriksen believes there is a desperate need for pharmacists to educate themselves. "If pharmacists knew enough about supplements there would not be any health food shops in the UK because people would rather go to the pharmacist for advice."

To that end Pharma Nord regularly arranges seminars and follow-up booklets for pharmacists. An autumn roadshow in the south east is currently being finalised.

Quest guide

Consumers wanting more information on vitamins and supplements can also turn to Quest

Vitamin's third edition of its *Guide to Supplements*.

The 32 page A4 booklet has information on nutrition and suggested maximum levels of supplement intake. The book also offers readers £2.50 worth of vouchers for Quest products.

Copies are available free from the Quest sales force or direct from the company.

Quest Vitamins says its pharmacy distribution has increased by 1,000 independently owned stores during 1995, which means it is well on its way to a target of 2,500 pharmacy stockists by the end of 1997.

Own brands benefit

"Independent pharmacists can help increase sale of vitamins and mineral supplements, while at the same time attracting long-term customers, by providing a mix of products," says Darren Hinton, retail development manager at AAH Pharmaceuticals.

This mix should include not only the brand leaders but also own brand products of the more popular vitamins and supplements such as cod liver oil and evening primrose oil.

However, Mr Hinton advises pharmacists to "be careful not to display too many products or you risk the customer spending too much time trying to differentiate between the various brands and ending up buying nothing."

"It is generally recommended that pharmacists stock the best-selling brand, a secondary brand and a private label, then link these products with an appropriate number of facings to avoid giving consumers too much choice."

Tesco get healthy

The trend towards a healthier lifestyle extends across many retailing areas apart from pharmacy such as food and drink.

Mike Rudin, superintendent pharmacist at Tesco, believes pharmacies in superstores are ideally placed to advise people on healthy eating and lifestyles as "there are thousands of healthy people in a food environment."

Tesco is set to launch its first national "Healthy for Life" roadshow this month. A specially designed trailer will be visiting 11 stores nationwide during August and September. Visitors will be able to obtain advice and information on pharmacy matters, baby care, nutrition and first aid.

New on the MARKET

One way to stay healthy is to give up smoking and Chefaro has launched a novel device to help smokers quit.

Logado is a pocket inhaler which incorporates 19 natural scents including tobacco, lavender, menthol, eucalyptus, orange and honey. A quick sniff is said to relieve the craving for a cigarette. It can be used as often as needed.



Logado, an alternative to smoking

with the effects lasting for 30-60 minutes.

Logado is safe for long-term use for pregnant women, and for patients in whom nicotine replacement therapy is contra-indicated. It also gives smokers 'something to do with their hands'.

The company claims that it takes, on average, eight weeks use of Logado to stop smoking. Each inhaler costs £15.95 and contains a four to six week supply. Chefaro has set up a consumer information line on 01233 426410.

Chefaro Proprietaries Ltd.
Tel: 01233 420956.

Vegetarians and vegans can fill any vitamin deficiency in their diet with a new multivitamin product from Seven Seas.

It is estimated that 11 million people in the UK eat a strictly

vegetarian, demi-vegetarian or vegan diet.

A well-balanced vegetarian or vegan diet can provide the necessary nutrients and recent research has suggested that vegetarians and vegans tend to be healthier, may live longer and have a reduced risk of death by heart disease and cancer.

However, some vegetarians and vegans may need to replace nutrients such as iron and vitamin B12, most readily provided by meat and animal products. Vegans will also need alternative sources of calcium.

Seven Seas has created a



Vegetarian and vegan option

product which specifically meets their needs.

Each tablet of Multi-Vitamin Plus Minerals for Vegetarians and Vegans contains a combination of 13 vitamins and minerals including vitamin A, B complex vitamins, vitamin C, vitamin E, calcium, zinc and iron.

The new multivitamin product has not been tested on animals and contains no artificial color additives. It has been approved by The Vegetarian Society and registered with The Vegan Society. **Seven Seas Healthcare Ltd.**
Tel: 01482 75234.

Longo Vita is best known in the Scandinavian market but has been launched in the UK by Pharma Nord.

It is a unique formulation

Continued on P6 ▶

◀ Continued from P5

containing dried and powdered paprika, rosemary, peppermint, yarrow, hawthorn and pumpkin seeds together with 100 per cent of the EC recommended daily allowance of vitamins

The recommended daily intake for adults and children over 15 is two tablets daily at breakfast. A blister pack of 60 tablets retails at £8.95. **Pharma Vita Ltd.**
Tel: 0171 223 1665.



Longo Vital from Scandinavia

● Menocare, a herbal-based product designed specifically for women at the menopause is being launched by Herbalforce Natural Products at Chemex in September.

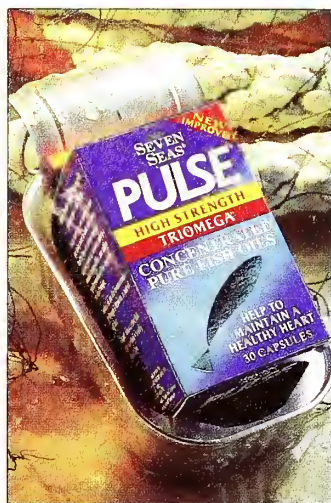
Earlier this year the company launched Fruit Plus capsules, (£150, £14.95) the first UK-designed 'nutraceutical food concentrate', blending fruits such as oranges, papayas and peaches, vegetables such as carrots, beetroot and spinach with herbs such as Sarsaparilla, Gotu kola and Schisandra.

It is intended to increase the intake of vitamins, minerals and essential nutrients, as well as adding vegetable fibre which has been shown to help lower cholesterol levels.

Herbalforce. Tel: 01275 342211.

● A higher strength Pulse has been launched by Seven Seas.

Pulse High Strength Triomega Concentrated Pure Fish Oils contains twice the natural concentration of the omega-3 essential fatty acid,



Higher strength Pulse

eicosapentanoic acid, giving 200mg per capsule. The recommended dose is one to two capsules daily. A pack of 30 capsules retails at £3.99.

● English Grains has extended its Yestamin Brewer's Yeast range with a tonic. Yestamin Plus combines brewer's yeast (300mg) with B vitamins, glucose (30mg) and caffeine (30mg). A 45-tablet blister pack retails at £2.55.

It is being promoted as a tonic for the fast relief of temporary tiredness and listlessness. The recommended dose is two tablets three times daily but the company advises users to avoid excessive amount of tea and coffee.

It is suitable for vegetarians but is not recommended for children or women who are pregnant or breastfeeding.

English Grains Healthcare.
Tel: 01283 221616.

● Seven Seas has acquired the Phillip's Brewer's Yeast range.

The range, based on natural brewer's yeast, is prepared by using low temperatures to ensure, as far as possible, that the nutrient content of the yeast is unimpaired. Products in the range include:

1. Natural Brewer's Yeast tablets; 2. Natural Brewer's Yeast with Garlic tablets and Phillips PTY Yeast, a high potency brewer's yeast fortified with niacin, riboflavin and thiamine.

● Salus is introducing a new Floradix liquid calcium and magnesium supplement in September. It will also contain zinc and vitamin D and is said to have no chalky aftertaste.

The supplement is targeted at pregnant and breast feeding women, athletes, young people

and children. A 250ml bottle retails at £6.99.

Salus (UK) Ltd. Tel: 01925 825679.

● Yeast Vite, Phyllosan and Iron Jelloids are now part of the Seton Healthcare portfolio following their acquisition from Smithline Beecham Health Care.

The Yeast Vite brand has been repackaged to extend appeal to a younger target audience and increase on-shelf impact. The new pack design develops the yellow/orange colour scheme associated with the brand.

Seton Healthcare Group.
Tel: 0161 652 2222.

● Ferrosan Healthcare is launching a new Superted collection scheme.

Each customer who sends off two proofs of purchase from either Superted Chewable Multivitamins & iron, Chewable Multivitamins and Minerals (Sugar Free) and Chewable Vitamins A,C and D plus £1.50 for post and packing, will receive an hour long audio cassette entitled "The Adventures of Superted" worth £4.99.

Ferrosan Healthcare Ltd.
Tel: 01932 336366.

● Roche Consumer Health has introduced 60-tablet packs of Sanatogen Multivitamins and Minerals at £4.99 to join the smaller 30-tablet packs which retail at £2.99.

The entire selection of Sanatogen products will be supported by a £1 million advertising campaign including three radio commercials for the Vegetarian, Multivitamins with Calcium and Multivitamins with Evening Primrose Oil variants.
Roche Consumer Health.
Tel: 01707 366000.

● 3M Health Care has reformulated Super Plenamins tablets to a controlled release formulation that also includes 200mcg of folic acid.
3M Health Health Care. Tel: 01509 611611.

● Numark has added Folic Acid Tablets 400mcg (90, £1.99) to its range of vitamins and supplements. The product gives ordinary Numark members a POR of 40 per cent rising to 43 per cent where shareholders' retrospective rebate is applied.
Numark Ltd. Tel: 01827 69269.

● Quest has reformulated its beta carotene product into tablets making them suitable for vegetarians.

The company has also launched Buffered C capsules (60, £7.59), a supplement containing 700mg non-acid vitamin C and 50mg bioflavonoids tailored for people with acid-sensitive stomachs.

Quest Vitamins Ltd. Tel: 0121 359 0056.

● Ferrosan Healthcare has introduced a high-strength one-a-day capsule formulation of Starflower Oil (30, £7.49) in the Healthcrafts range that is free from preservatives, artificial colours, flavourings, sugar and salt.

● Osteocare, the calcium supplement, is now available in a liquid form.

The smooth, orange-flavoured formulation also contains magnesium, zinc and vitamin D and is free from chemical colourings, gluten, alcohol, fat, salt and yeast.

Vitabiotics says the product is suitable for children, the elderly or those who have difficulty swallowing tablets. The recommended dosages are: half a teaspoonful daily for infants (6-12 months); one teaspoonful twice daily for children; and two teaspoonfuls twice daily for adults. Each adult dose of Osteocare provides the calcium equivalent of a glass of full-fat milk.

Osteocare is presented in tamper-evident 200ml bottles which retail at £3.95.

Robinson Healthcare.
Tel: 01246 220022.



Osteocare in liquid form

FOLIC first

The message about the benefits of folic acid in reducing the risk of neural tube defects does not seem to have got through to the wider public.

Fawz Farhan finds out what is being done to rectify this

The link between folate deficiency and neural tube defects has been well documented. In 1992, the Department of Health's expert advisory group recommended that women planning a pregnancy should increase their folic acid intake by at least 400mcg a day prior to conception and for the first 12 weeks of pregnancy.

But despite such recommendations, there is still widespread public ignorance. A survey carried out last year at Leeds General Infirmary found only a fifth of women attending antenatal clinics had increased their folate intake before conception and less than one in ten had been given dietary advice by their gp.

To drum the message home, the Health Education Authority will mount the first large-scale government information campaign on folic acid at a cost of £2.3 million. The campaign will initially target healthcare professionals who advise and inform prospective parents, followed by the general public early in 1996, and will continue for a further two years.

The aim of the initiative is to target all women of childbearing age, including teenagers. "Our aim is not only to increase awareness among women of childbearing age on the benefits of taking folic acid but also awareness of the details such as

how much to take and sources," says HEA spokesman Fraser Pettigrew.

The HEA is also talking to the food industry to encourage manufacturers to increase the range of foods which are fortified with folic acid. "In the past there has been no incentive from the point of view of manufacturers. Our campaign will raise awareness and demand for fortified food," adds Mr Pettigrew.

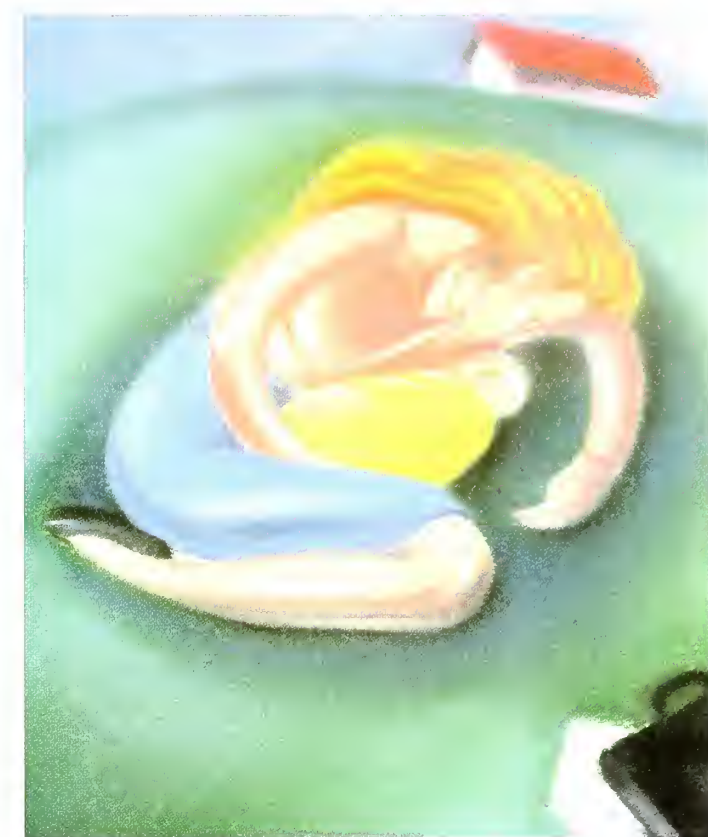
Fortified foods are an obvious and convenient way to boost dietary folate intake without having to change diet. Research has shown that existing fortified food can increase folic acid intake by as much as 50 per cent. This is illustrated by the fact that 40 g of fortified cornflakes provides 100mcg folic acid compared with only 3mcg in the unfortified equivalent.

Until fortification becomes established dietary supplements will remain the most practical option. At the end of last year G R Lane's Prenconceive became the first folic acid supplement to be granted a medicine licence by the Medicines Control Agency. This meant claims could be made about its use in the prevention of neural tube disease.

Sanatogen took a different approach to its folic acid supplement Prenatal. The multivitamin and multimineral product contains 800mcg folic acid to allow for any deficiency in the diet. The company also believes in educating pharmacists and their staff to be proactive in instilling the message about folic acid in potential mothers.

Patient support groups such as the Association for Spina Bifida and Hydrocephalus are active in raising awareness of the disease. Between July 31 and August 6, the Association hosts a second Spina Bifida Week with Cantasium carrying this year's message of "Forewarned is Hindsight".

Almost three-quarters of neural tube defect cases could be



prevented simply by raising folic acid intake. Education and public awareness is crucial to this happening.

Folic acid facts

- folic acid is a water-soluble B complex vitamin. Folate are folic acid derivatives found naturally in food.
- folic acid is involved in neural

tube formation, DNA synthesis and blood cell production (in conjunction with vitamin B12).

- foods rich in folic acid include cereals, lentils, beans and liver. Brussels sprouts, potatoes, green leafy vegetables like spinach and brewer's yeast.
- folates are vulnerable to heat and may be affected by certain cooking methods.

What are neural tube defects?

Neural tube defects occur when the protective backbone and skull fail to close around the spinal cord and brain of the embryo. This occurs during the first few weeks following conception when the mother is often not aware she is pregnant.

Neural tube defects include anencephaly (brain and skull absent), encephalocele (brain protrudes through skull) and more commonly, spina bifida (incomplete vertebrae).

Folic acid deficiency, as well as genetic, environmental and other factors are implicated in the condition.

There has been a dramatic decline in the number of babies born with neural tube defects since the 1970s but this has been mainly put down to screening and selective terminations.

At least 18 000 people have spina bifida in the UK and every year 1 000 pregnancies are affected.

Putting heart into the market

Britain is among the top three at risk countries in the international league of heart disease. Every year, more than 170,000 British men and women die as a result of heart disease - 27,000 before they reach retirement age. We look at the implications



The importance of nutrition to heart health has long been accepted by the medical profession, but until recently advice has been confined to foods that should be restricted in the diet, such as saturated fats and salt. However, global research has accumulated evidence which experts agree identifies a group of micronutrients that can actually exert a positive influence on heart health maintenance. The acceptance of this evidence was most publicly endorsed in the publication of the COMA (Committee on Medical Aspects of Food Policy) Report on Nutritional Aspects of Cardiovascular Disease at the end of last year.

Seven Seas has identified the most important of these

micronutrients and is convinced that the future direction of the VMS market lies with the supply of products which meet the opportunity of a sector it has named Heart Maintenance Nutrition (HMN).

Leading this new HMN sector are the essential fatty acid, EPA, found in cod liver and fish oils, the allicin-derived sulphides found in garlic, and the antioxidants - mainly vitamins C, E and beta-carotene - and the mineral selenium.

Fish oils

The EPA in fish oils can help reduce the risk of heart disease by lowering blood pressure, decreasing blood triglyceride levels and, most importantly, by reducing the risk of platelet aggregation which can lead to a fatal blood clot. Evidence is also

emerging that fish oils may lower fibrinogen levels, a factor in clotting, and could have a role in the reduction of cardiac arrhythmias.

Garlic

Garlic has also been confirmed as a heart protector. Garlic can also help reduce blood clotting and hypertension, but its major role is in the reduction of LDL bad cholesterol, while simultaneously raising levels of HDL good cholesterol. Trials have demonstrated that garlic therapy can reduce blood cholesterol levels significantly for weeks at a time and that garlic oil has succeeded in achieving a reduction of 15 per cent.

Antioxidants

The antioxidants have been widely publicised as free radical scavengers,

that is they counteract the damage done to the body's cell structure by oxidation caused by rogue molecules known as free radicals. As with all micronutrients, antioxidants can be obtained from food, but trials suggest that the quantities required to benefit health are much larger than most people would be able to consume on a regular basis. Supplementation is generally needed to provide protective levels.

Although oxidation can lead to cell degeneration throughout the body, it is in the area of heart health that prevention by antioxidants has been conclusively proved. Although beta-carotene, vitamin C and selenium can all produce heart health benefits, vitamin E has attracted the greatest medical endorsement. Vitamin E appears to be

consumers and to the future of the VMS market, according to Seven Seas. Sales across all HMN products grew by 11 per cent last year and the

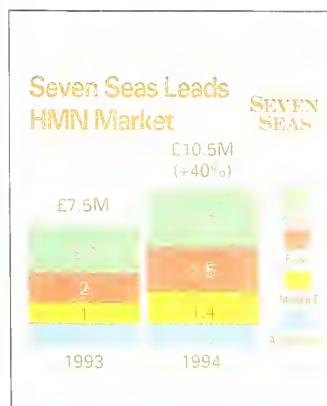
market is currently valued at £27 million.



particularly potent in preventing the oxidation of LDL cholesterol which results in the deposit of lipids in the arteries, thickening the artery walls - a major symptom of heart disease.

Building a market

The market for HMN supplements is still young, but it has enormous potential, both in terms of health benefits to



Comments Tom Hardman: "We are certain that medical recognition of natural health protection at levels only achievable by supplementation will grow this sector rapidly. Seven Seas' investment in research, new product development, advertising and consumer education has been instrumental in the growth of the VMS market and our brand-

leading position. Seven Seas brands account for over 40 per cent of consumer sales in pharmacy, with a similar share of all VMS

Seven Seas - the power behind the growth

The only constant in the VMS market is growth. Records over the past decade show that the value of the market has consistently increased, last year growing by a further 7 per cent to reach £271m in July.

The single most powerful influence on this growth is the ever-increasing and well-documented consumer shift towards health protection, particularly marked among the 50-plus age group which has come to realise that continuing good health cannot be assumed.

However, both the nature and status of the UK VMS market have undergone fundamental change.

The market has expanded beyond 'vitamins for dietary deficiency' to become an accepted and respected route to staying healthy and the biggest OTC sector in pharmacy.

Today, cod liver oil supplements provide the broadest range of benefits. Cod liver oil is the single most important entry point to supplementation and the most popular household purchase. Among those supplements which offer added value in the form of product combinations are the Seven Seas Cod Liver Oil Plus range. Higher strength formulations are becoming increasingly popular among discerning users.

The gammalinolenic acid (GLA) market, which includes both evening primrose oil and starflower oil, is a category which has grown to £35m as a result of medical endorsement. It is widely recommended as a

advertising. Seven Seas has committed a £9m spend on advertising this year, and it is this level of support that will accelerate the growth of the HMN market."

natural treatment for hormonal imbalance such as premenstrual syndrome and certain symptoms of the menopause.

Sales of cod liver oil now top £79m, and continue to outperform every other supplement. While cod liver oil remains an excellent natural source of vitamin A and D, its outstanding success result from the discovery that fish liver oils are a rare and rich source of the omega-3 essential fatty acids, docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA), and that these fatty acids, EPA in particular, have an anti-inflammatory effect which helps relieve the joint pains and stiffness which increase with age.

With some 20 million people in the UK today suffering from some form of joint pain, Seven Seas predicts continued growth until well into the next millennium.

The supplements of the future

Seven Seas is confident that sales of both GLA and cod liver oil will continue to climb in response to medical endorsement for their natural health properties. Says marketing director Tom Hardman: "Consumers are increasingly taking responsibility for their own health. Natural food supplements which are backed up with responsible marketing and scientific endorsement have a natural role in today's lifestyle."

A new market for health supplements is emerging as worldwide research confirms the powerful role that certain health supplements can play in promoting long-term good health, particularly in cardiovascular health.

Setting standards

The Medicines Control Agency is expected to produce guidance on herbal medicines' licensing soon. C&D looks at why it is considered necessary

The British Herbal Medicine Association still wants to see a clamp-down on manufacturers that claim their products are foods, while marketing them as quasi-medicines with no controls on safety or quality.

The Government originally planned to bring UK medicines' law in line with European legislation on January 1, which meant abolishing the 'medicines exempt from licensing' category.

The BHMA claimed this would result in hundreds of products being withdrawn from sale because of the prohibitive costs of obtaining licences. At the last minute, the Government decided that herbal goods currently exempt from licensing, under section 12 of the UK Medicines Act, would

continue to be exempt. In effect, this means that herbalists can still supply their patients on a one to one basis with unlicensed remedies.

Hive of industry

The Regulations (SI 1994, no 3144) state that remedies will have to be licensed if they are 'industrially produced', a phrase which has not yet been defined in UK or European law. They are not considered to be industrially manufactured if they comply with the section 12 exemptions.

The BHMA fought hard to maintain these exemptions, although BHMA chairman Victor Perfitt agrees that it is a "difficult area of law".

In the UK, a herb is considered to be a food until a medicinal claim is made for it, usually on the

pack, or by recommending it to treat or prevent a particular illness.

The European Commission's official line is that plant-based preparations 'sold as being capable of preventing or curing disease' must be regarded as medicinal products and, as such, are subject to Community pharmaceutical legislation if they are manufactured industrially.

At present, there is no special concession for herbal medicine under EC law, although most European countries have simplified regulatory systems to protect national markets.

There is a belief in the industry that new European laws may be introduced to tighten up controls, particularly on safety and quality. There are unlikely to be the same freedoms as before: the UK would be in trouble with Europe if domestic law was allowed to dominate.

Herbal register

One solution proposed by the phytomedicines working party of the European Proprietary Medicines Manufacturers'

Association is that existing traditional herbal medicines could be registered in the same way as homeopathic remedies, with controls over safety and quality. Manufacturers might be allowed to give some indication of what the product was for, but would be spared the huge expense of proving efficacy. In return, they would be able to sell their products only on a national basis.

New remedies would have to establish efficacy by reference to bibliographic and traditional data.

The BHMA is collaborating with the European Scientific Co-operation on Phytotherapy on ways of improving standards.

Pharmacy's role

So where does this leave pharmacists when selling herbal remedies? If the products are licensed, they can be recommended for their licensed indications in the same way as other OTC medicines.

If they are unlicensed, pharmacists should bear in mind the obligations of the Code of Ethics, 1.5 and 1.6. These state that pharmacists must not sell or supply any product associated with the maintenance of health, or a food supplement whose safety or quality is in doubt – nor must they give the impression that such a product is effective when there is no evidence that it is so.

Pharmacists must guard against making claims for unlicensed herbal remedies, unless they are exempt from licensing. By recommending an unlicensed product to treat a certain ailment they are, in effect, turning it into a medicine.

There have been suggestions that foods should be separated from medicines on-shelf, because customers would assume that an unlicensed remedy would be the same as a licensed one with the same ingredients.

The Royal Pharmaceutical Society gives no specific guidance on the matter, although there could be problems if the unlicensed remedies were promoted in a way that could be construed as making unjustifiable claims for them.



Changing perceptions

Over a short period of time there has been a marked shift in consumer perceptions on the usage of herbal medicines, according to Peter Hodgkiss, the marketing director at English Grains.

"Three or four years ago they were perceived as fairly fringe. Now up to 75 per cent of people would be prepared to try a herbal remedy as a first line treatment," he claims.

English Grains' strategy over the past four years has been different to other players in the field, says Mr Hodgkiss. "While they tend to launch ranges, our strategy has been to launch brands, with their own image and supported with advertising."

"It's more high risk but the rewards are higher, and to date we have done well."

Generally the market is having flat to marginal growth – above inflation but not dynamic. "Against that our branded business has grown by 16 per cent last year and 20 per cent the year before."



Lanes' range of herbal medicines

This year we expect 17 per cent growth," says Mr Hodgkiss.

The launch last week of three products targeting the cough/cold market continues English Grains' policy of introducing distinct licensed herbal remedies.

Cold-freeze, Cough-freeze and Catarrh-freeze (blister packed in 60s, and all priced £3.79) will be supported by a £130,000 advertising spend in daily papers and women's magazines, starting in October as well as bonus deals and new POS material.

Potter's Herbal Supplies remains the market leader in herbal medicines. It holds 148 of the 500 herbal medicine licences issued by the Department of Health.

Managing director Tony Hampson says: "Herbal medicines have a centuries-long history of safe and effective usage. Now these traditional remedies are produced in licensed manufacturing plants, employing scientific research methods and modern techniques, bringing them right into line with conventional medicines."

Gerard House, the second major herbal medicine brand, is also benefiting from the increasing public interest. Somnus, positioned as a natural solution to sleeplessness became the number 2 best seller in the Gerard House range within two months of its launch. The company will be continuing training seminars for herbal medicine and aromatherapy during 1995-96.

● Lanes' natural herbal medicines have been repackaged to meet EC regulations and are now available through pharmacies. Under European legislation herbal medicines now have to have a licence and patient information leaflet.

The range of 18 herbal products are recommended for common complaints such as indigestion, colds, and insomnia. Prices vary from £1.70 to £5.40.

● Morton's Herbs – manufacturers of herbal remedies and supplements since 1922 – has launched a new core range of vitamins, minerals and oils specifically aimed at pharmacies.

David Morton's Quintessential Range, named after the founder of the company, consists of 11 of the most frequently requested supplements including: multi-vitamins, minerals, calcium, antioxidants, vitamin C chewable, and evening primrose oil.

All products are packaged in amber glass jars. Prices start at £0.99 for 30 vitamin tablets.

The Morton's herbs business is administered by Lifeplan Products.

Herbals looking healthy for pharmacy

Pharmacies are now the major outlet for herbal remedies with 48 per cent of sales (£16.8 million), according to Mintel's market intelligence report on Complementary Medicines.

The alternative medicines market is estimated to be worth £62.7 million in 1994, a 23 per cent increase in sales since 1992. Herbal medicines account for the biggest share, with sales of £35 million in 1994. This market is dominated by Gerard House and Potters, who together accounted for 57 per cent of sales in 1994.

The report predicts that by 1999 the herbal market will have grown to £41.6 million. Mintel attributes the increasing use of alternative remedies to rising prescription charges and the move towards self-medication. It identifies older consumers with long-term conditions such as arthritis as an area of potential growth for herbal remedies.

Changes on legislation to harmonise product regulation across the European Union are likely to have greater impact on the UK market than countries such as Germany or France where the alternative market is more established and mainstream.

Mintel predicts that as alternative remedies become more mainstream, multinational pharmaceutical companies will look to acquire manufacturers of alternative remedies. This would be driven by the need to control the effect on established OTC medicines, to take advantage of the profits offered by a young growing market. Using the financial resources at their disposal will allow them to stimulate market growth through product development and support.

An encouraging conclusion of the report is that 'the future distribution of alternative remedies is likely to remain biased towards non-grocery outlets, despite the trend to one-stop shopping, because of the valuable role played by the pharmacist in providing product advice and credibility due to the less mainstream nature of the products'.

Copies of Mintel's market intelligence report on 'Complementary medicines' are available at a cost of £345 from Mintel International Group, 18-19 Long Lane, London EC1A 9HE. Tel: 0171 606 4533/6000 Sales.

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Pharmacy does a good job on OTC medicines but could do a better job on vitamins, minerals and supplements, says Anthony Bush, the new managing director of Ferrosan Healthcare. He is qualified to give this opinion on the sector with experience of ethicals, OTC, skincare and baby care stretching back over 20 years and five well known companies.

His career path started at Beecham where he was part of a team with responsibility for international brand management of a number of drugs including Penbritin. "At the time it was a fascinating company which was very profit orientated. Each year it increased its profits by 15 per cent". This was followed by a five year spell at Farleys which was then owned by Glaxo. "I had responsibility for rusks and infant milks and was involved in setting up hospital sales divisions."

His move to Smith & Nephew, where he was involved in the marketing of Nivea, introduced him to the skincare and suncare, both of which he regards as health issues. "Health and beauty are interlinked and it is very difficult to differentiate between them."

His suncare knowledge proved valuable when he became director of consumer products at Windsor Pharmaceuticals which he renamed Windsor Healthcare. During his six years with the company he raised the profile of the portfolio of products which included Uvistat, "a product with a prescription heritage and very much a pharmacy brand"

A short period at Milupa preceded his appointment as marketing director of Ferrosan Healthcare in November 1994 and subsequent promotion to managing director

Ferrosan is Scandinavian in origin – 'san' being Danish for health and 'ferro' referring to iron, as the company's first product was an iron preparation for healthy living. Novo Nordisk purchased the company in the 1980s and then developed the OTC arm through acquisitions. In 1991 Ferrosan reached agreement with Booker, which owned a large chunk of the health food industry, and bought in many of the brands and products it



Old face, new place

has today.

Ferrosan has a turnover in the region of £20 million and employs approximately 200 people in the UK. It has a sales and marketing office in Byfleet, a manufacturing and development facility at Lewes, and a specialist business dealing with herbalists and pharmacists, based in Tunbridge Wells.

Anthony Bush's broad experience across a range of pharmacy sectors is a valuable asset to Ferrosan, which has interests in VMS, herbals (Heath & Heather) and beauty products. But what attracted him to the company?

"I found the market a very interesting one which has shown substantial growth over the last few years. In 1990, the VMS market

was worth about £160m: now it's £270m. The size of the company, and the fact that it was growing, also appealed to me. It is more fun to work in a company this size as you feel more involved.

"Its strong points are that it has good brands, a loyal customer base, a good team spirit and is reasonably flexible. Seven Seas are associated in the public's mind with cod liver oil, Sanatogen with multivitamins, and they cannot get away from that.

"Healthcrafts has the advantage of being strong in a number of sectors. Year on year, the brand has shown value growth of 19 per cent with particularly good performances in a number of key sectors including single vitamins and garlic."

However, pharmacists are not

guaranteed a share of this growing market. "I regret that pharmacy has lost its control and importance in many traditional sectors – baby foods, toiletries and suncare, for example. Similarly, in the vitamin and mineral sector, pharmacy is losing out when it shouldn't be. The VMS market is up by 7 per cent but in independent pharmacies it is down by 8 per cent. It is a pattern that I have seen running through a number of markets over the years."

"Competition is a fact of life and pharmacists should worry less about having competition in availability terms, and add the service element to overcome the competition."

His advice to pharmacists is to make the most of their assets. "Supermarkets would say they cannot do what pharmacists and their assistants do and that is recommend. That is a tremendous asset that the pharmacist has to use and develop.

"Pharmacists must take on the VMS sector with relish. One gets the impression that because it is self-selection, some pharmacists do not regard it as a particularly important sector. It is a £270 million market – half the size of OTC medicines and, therefore, offers a marvellous opportunity.

"Merchandising generally in this area is pretty poor. I think it is taking the retail concept too far when pharmacies stock products like sweets and cola and then don't even give a decent amount of space to a market which is directly related to healthcare.

"If I had a pharmacy I would maximise the opportunity to recommend products, and merchandise them well with the assistance provided by manufacturers".

"Regulations are a fact of life," he comments, "but there has to be a recognition that a lot of unlicensed products can be very beneficial and can satisfy some important consumer needs. Therefore a way through has to be found that doesn't involve a full pharmaceutical licence.

"More regulation means more restriction on self-care. The government is trying to encourage self-care so, logically, if it is to grow, it can't be restricted too much. Responsible growth of the self-care market must be an advantage to the government."



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Positive Health

Grow you

Meat-free diets are becoming more of a mainstream option. Victoria Goldman asks why people eat a vegetarian or vegan diet and what this entails

Growing numbers of people are turning to a meat-free diet. According to a Realeat Gallup survey in February, 4.5 per cent of the population is vegetarian, compared to only 2.6 per cent ten years ago, and a further 7.3 per cent don't eat red meat.

People become vegetarian for different reasons. Many are concerned about animal rights, some follow cultural or religious beliefs, while others do it for economic reasons. There are also those who opt for a vegetarian diet because they believe it is more healthy.

Last year, a study of 6,000 vegetarians in the UK made headline news when researchers concluded that vegetarians are 40 per cent less likely to develop cancer and 30 per cent less likely to die from coronary heart disease than meat-eaters. The reason for the lower death rates seems to be the vegetarians' healthier overall lifestyle rather than the lack of meat in their diet.

Apart from eating a high proportion of fresh fruit and vegetables, vegetarians eat less saturated fat and more carbohydrates and dietary fibre than meat-eaters. Vegetarians also tend to be more environmentally conscious, and fewer vegetarians smoke or eat fast food. Strict vegetarians rarely drink alcohol, since many alcoholic drinks, including some wines and beers,

are made using animal by-products.

The researchers stressed that current recommendations advise people to adopt many of the attributes of a vegetarian diet and lifestyle, but do not advise excluding meat completely. However, during National Vegetarian Week 1995, held in May, there was a call for government cash to research the potential economic benefits of improving the nation's health by promoting a vegetarian diet. This was backed by vegetarian Labour MP Tony Banks. Other vegetarians who took part in celebrations included ex-Beatle Paul McCartney and his wife Linda, and actress Joanna Lumley.

Over recent years there have been concerns that vegetarians are prone to certain deficiency diseases. A survey in the December 1994 issue of *Which? Way to Health* found that over a third of vegetarians are concerned about getting a balanced diet and over half take vitamin and mineral supplements.

Contrary to popular belief, a well-planned vegetarian diet that includes dairy products and eggs on a daily basis should provide adequate energy and nutrients. The vegan diet, which excludes all animal products and by-products, poses more of a problem.

Meat is a good source of protein, iron, zinc and vitamin B12, so leaving it out means that people have to account for these nutrients. Protein from animal sources is of high biological value, since it contains all eight essential amino acids that cannot be synthesised in the body. Plant proteins are of lower biological value, since they lack one or more of these amino acids. All vegetarians should eat a wide range of vegetable proteins in various combinations. For example, nuts should be combined with cereal and baked



beans should be combined with bread to provide the full range of amino acids.

Although iron is not absorbed as readily from plant sources as from animal sources, no studies

have shown that iron deficiency is a greater problem for vegetarians than non-vegetarians. This may be partly explained by the fact that many plant foods, such as citrus fruits and juices, are high in

Types of vegetarian diet

There are three basic types of vegetarian diet, although there are also many semi-vegetarians who occasionally eat fish and poultry but generally avoid red meat.

1. The vegan diet is the strictest. It excludes not only meat but all foods of animal origin, such as eggs, milk and milk products and foods that have been processed using animal by-products. Vegans rely on plant foods for their nutrients, although some avoid honey and yeast.

2. A lacto-vegetarian diet includes milk and milk products as well as foods from plant sources.

3. A lacto-ovo-vegetarian diet include both eggs, milk and milk products as well as plant foods.

greens



vitamin C, which enhances iron absorption. A vitamin C-rich food should be included at every meal. Iron-rich plant foods include beans, lentils, nuts, seeds and green leafy vegetables.

A strict vegan may be low in zinc, which is needed for protein synthesis, although a relatively small quantity can be obtained from whole grains, beans, lentils, nuts and seeds.

Calcium is unlikely to be a problem in a vegetarian diet that includes dairy products. Vegan diets are more likely to be calcium deficient since plant foods are relatively poor sources. They are able, however, to get some calcium from fortified soya milk, tofu, nuts, grains and spinach. A vegan who does not get enough sunshine may need to

take a vitamin D supplement.

Providing vegetarians eat plenty of dairy products and eggs, they shouldn't run low on vitamin B12, since they require it in very small quantities. A lack of vitamin B12, which is found only in animal sources, can interfere with the production of red blood cells and lead to anaemia. Vegans are often advised to take vitamin B12 supplements or to eat yeast extract or soya products.

More women than men are vegetarian, and extra care is advised for pregnant or breastfeeding vegetarian women, especially if their diet excludes all animal products. Pregnant women need extra calories and nutrients to cope with the demands of their growing baby, and breastfeeding women may require additional calcium to replenish what they lose in breast milk. Women are also at risk of developing osteoporosis in later life if they do not get enough calcium from an early age.

Vegetarian babies and young children must be given enough calcium, protein and vitamins B12 and D in their diet for growth. Because plant foods are high in bulk but low in fat and calories, it may be difficult for vegan children to get enough calories and nutrients to meet their needs. Studies show that although there is no difference in the height or weight of vegetarian and meat-eating children, vegetarian children tend to be smaller in size. Teenage girls have the added problem of iron loss during menstruation and are more prone to anaemia than non-vegetarians of the same age.

Supplements

Vegetarians may have to take supplements if their diet is deficient in some vitamins and minerals. High doses of single vitamins and minerals may be toxic or may affect the body's absorption of other nutrients, so extra vitamins and minerals, especially single supplements, should be taken only on the advice of a GP or dietitian.

Most all vitamin and mineral supplements are vegetarian. Capsules are often made from gelatine, which is a gel-former derived from the skin, tendons, bones and ligaments of animals. Vitamin D3 may be manufactured from lanolin, which is sometimes derived from wool of slaughtered sheep. Some non-vegetarian tablets may be polished with beeswax or contain the red colouring cochineal, which is made from crushed insects.

Products labeled 'Suitable for vegetarians' means they are gelatine-free, but they may contain milk products or vitamin D3. 'Contains no animal products' means a supplement is suitable for both vegans and vegetarians. All medicines are tested on animals, and vegetarians may wish to minimise the harm to animals by buying only those medicines that are free from animal-derived ingredients. The range of medicines that are completely vegetarian is quite limited. Although The Vegetarian Society has a list of some vegetarian supplements and OTC medicines, this has not been updated since 1992.

There are many different ingredients that vegetarians need to watch out for. Active ingredients with an animal origin include:

- Natural oestrogen used in hormone replacement therapy
- Bovine...

...some insulin found in some insulin preparations.

- Pancreatin, used in the treatment of cystic fibrosis, is obtained from pancreas, may also be of porcine origin.

Lactase may be derived from whey that has been produced from animal's breast.

- Lanolin (from wool) may be present in creams, lotions and ointments.

Glycerin, which is found in some toothpaste as well as lemon, glycerin and honey, may be derived from animal fats, although some is made from fermented sugar. A glycerin derivative, glycerol, may be found in ear drops and in some suppositories used in the treatment of constipation.

With many medicines, and supplements such as cod liver oil, it is clear the contents are not vegetarian - others are not so obvious. From December, patients will receive all prescription medicines in their original pack with the information leaflet. However, it may not have all the details about excipients. Usually, the only way to find out whether a medicine contains animal by-products is to contact the manufacturer.



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